

Please fill out the documents listed below:

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- Cover Sheet
- Confidentiality Agreement
- General Statement of Employment Policy
- Direct Deposit
- Employment Application
- Form I-9
- Notification/Release of Information Form
- W-4
- Liability Release Form
- Emergency Contact Form

## CONFIDENTIALITY AGREEMENT

In order to induce LSJE, LLC, a Virgin Islands limited liability company (the "Company"), to consider me for employment with the Company or to consider engaging me as an independent contractor of the Company, and in consideration of any future employment or engagement that I may obtain with the Company and any compensation or other remuneration to be hereafter paid to me in connection therewith, I, \_\_\_\_\_ (hereinafter sometimes referred to as the Applicant"), acknowledge that I have been informed of my obligations hereunder and that such obligations are a condition to the Company's consideration of my employment or engagement by the Company, and any subsequent employment or engagement I may obtain, and I hereby agree as follows:

**Section 1. Term of Employment; Termination.** In the event that I am hereafter employed by the Company, notwithstanding anything to the contrary provided in the Virgin Islands employment law, I agree and understand that nothing in this Agreement shall confer any right with respect to the grant or continuation of my employment by the Company. I further agree and understand that, in the event that I am hereafter employed or engaged by the Company, any breach of this Agreement by me may result, in addition to any and all other remedies which may then be available to the Company, in my immediate termination.

### **Section 2. Confidentiality Obligations of the Applicant.**

**2.1 Definition of Confidential Information.** (a) For purposes of this Agreement, the term "Confidential Information" shall mean any "Company Information" (as hereinafter defined) and any "Personal Information" (as hereinafter defined) about any one of (i) Jeffrey Epstein, (ii) Little St. James Island and Great St. James Island (the "Property"). (iii) the Company, any corporation, limited liability company, partnership or any other entity owned or controlled by Jeffrey Epstein ("Affiliate"), or any of the members, managers, partners, directors, officers, shareholders, or agents thereof, (iv) any other employee of the Company or any Affiliate or any other person or entity employed or engaged to provide services on or with respect to the Property, (v) any person visiting the Property or any of the Company's offices, and (vi) any personal associate, business associate or client of any of the persons described in the above clauses (i) through (v), inclusive, gathered or learned by the Applicant directly or indirectly during the course of the Applicant's application for employment or engagement by the Company and/or in connection with any employment or engagement of the Applicant by the Company.

(b) For purposes of this Agreement, the term "Company Information" shall mean information about the Company of any type which is commonly considered of a confidential nature and includes, but is not limited to, information (whether in oral, written, photographic or recorded form) regarding the persons or entities for who the Company provides services; business plans; mechanized or nonmechanized systems of accounting; methods or procedures in conducting activities; drawings, plans, permits or filings with respect to the Property; vendor lists; assets; financial records; the identities, skills, business activities, compensation and financial net worth and any other information of a similar nature about any of the persons or entities described in clauses (i) through (vi), inclusive, of Section 2.1(a) of this

Agreement (the "Classified Parties").

(c) For purposes of this Agreement, the term "Personal Information" shall mean information of any type which is commonly considered of a personal nature and includes, but is not limited to, information (whether in oral, written, photographic or recorded form) regarding the identities; the nonbusiness activities; personal assets; personal plans; the personal lifestyle, relationships, friends and relatives of, the individuals who associate with or who are invited to associate with, and any other information of a similar nature about any of the Classified Parties.

**2.2 Confidential Information Shall Not Be Discussed.** At all times hereafter, I will hold in the strictest confidence and will not use, publicize, lecture upon, publish or in any manner disclose any Confidential Information, unless the Company has expressly authorized in writing such disclosure, use or publication. I hereby assign to the Company any rights I may have or acquire in any Confidential Information and acknowledge that all Confidential Information shall be the sole and exclusive property of the Company. I further agree and acknowledge that under this Agreement, I am obligated to use my best efforts to ensure that no Confidential Information is disclosed. To the extent that I have any doubts, either now or in the future, as to whether information I possess is Confidential Information as defined herein, I will contact the Company for clarification before divulging or using such information.

**2.3 Third Party Information Shall Not Be Disclosed.** I understand that I may receive Confidential Information from third parties, as well as from the Company. I acknowledge and agree that Confidential Information which I receive from third parties is to be treated in the same manner as Confidential Information received from the Company and that all of my obligations hereunder apply to all Confidential Information received, regardless of its source.

**2.4 Return of Documents.** Upon demand by the Company, I will deliver to the Company any and all documents, written materials, notes, drawings, photographs, specifications and any other materials of any type or nature whatsoever which I have in my possession or control, and all copies thereof, which may constitute, include or disclose Confidential Information.

**Section 3. Review of Agreement.** I acknowledge that I have read this Agreement, and that I have had the opportunity to consult and review it with my own counsel if I so desire, before signing it.

**Section 4. Conflicts.**

**4.1 Avoidance of Conflict of Interest.** I agree that during the term of any employment or engagement of me by the Company, so long as I am employed or engaged on a full-time basis, I will not, without the Company's express written consent, engage in any employment or other business activity other than the performance of my duties for the Company.

**4.2 No Conflicting Obligations.** I warrant and represent that I have not entered into, and agree that I will not enter into, any agreement (either written or oral) that

conflicts with the provisions of this Agreement or otherwise impairs my ability to perform my obligations hereunder. I further warrant and represent that I am not subject to any injunction, decree, writ or order of any court or to any other duty or responsibility, legal or otherwise, which conflicts with the provisions of this Agreement or otherwise impairs my ability to perform my obligations hereunder. I shall immediately inform the Company should I subsequently become subject to any such injunction, decree, writ, order, duty or responsibility.

## **Section 5. Remedies.**

**5.1 Equitable Relief.** I acknowledge that the Confidential Information constitutes unique and confidential information of the Company and the other Classified Parties and in the event of a breach or a threatened breach of this Agreement, the Company and the other Classified Parties will be irreparably harmed and there will be no adequate remedy at law. Therefore, in addition to any and all other rights and remedies the Company and the other Classified Parties may have, the Company and the other Classified Parties shall be entitled to injunctive or other equitable relief in the event of a breach or threatened breach hereof and I hereby waive any right to assert as a defense that there is an adequate remedy at law.

**5.2 Liquidated Damages.** In addition to any and all other rights, remedies or damages available at law or in equity, I agree that if any arbitrator(s) or a court of competent jurisdiction finds that I have breached any of the provisions of this Agreement, I will pay the Company the sum of One Hundred Thousand (\$100,000.00) Dollars, as liquidated damages and not as a penalty. I recognize and understand that it would be difficult or impossible to calculate the actual amount of damages resulting from such a breach, and acknowledge that the sum of One Hundred Thousand (\$100,000.00) Dollars would be reasonable under the circumstances.

**5.3 Enforcement by Other Classified Parties.** I understand, acknowledge and agree that each of the Classified Parties other than the Company is an intended third party beneficiary of Section 2 and Section 5.1 of this Agreement and that each of them shall have the right to enforce my obligations hereunder in an action brought in his, her or its own name.

## **Section 6. General Provision.**

**6.1 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the United States Virgin Islands applicable to contracts executed, delivered and to be fully performed in such jurisdiction, without giving effect to the principles of conflicts of law.

**6.2 Severability.** If one or more of the provisions of this Agreement are deemed invalid or unenforceable by law, then the remaining provisions hereof will continue in full force and effect, without regard to the invalid or unenforceable provision or provisions hereof, as the provisions of this agreement are intended to be and shall be deemed severable.

**6.3 Survival.** The provisions of this Agreement shall continue in full force and effect, regardless of whether the Applicant is ultimately employed or engaged by the

Company, and if the Applicant is employed or engaged by the Company, the provisions hereof shall survive the termination of any such employment or engagement of the Applicant by the Company.

**6.4 Binding Effect.** This Agreement and all of the provisions hereof shall be binding upon, and inure to the benefit of, the parties hereto and their respective successors, assigns, heirs and personal representatives.

**6.5 Waiver.** No waiver by the Company of any breach of this Agreement shall be a waiver of any preceding or succeeding breach. No waiver by the Company of any right under this Agreement shall be construed as a waiver of any other right. The Company shall not be required to give notice to enforce strict adherence to all of the terms and provisions of this Agreement.

**6.6 Headings.** The headings contained herein are for convenience only and shall not control or effect in any way the meaning or interpretation of the provisions hereof.

**6.7 Entire Agreement.** This Agreement sets forth the entire agreement and understanding between the Company and the Applicant relating to the subject matter hereof and supersedes and merges all prior discussions, understandings and agreements, whether written or oral, between them relating to the subject matter hereof. No modification of, or amendment to, this Agreement, nor any waiver of any rights under this Agreement, will be effective unless in writing signed by the party to be charged therewith. If the Applicant is hereafter employed or engaged by the Company, any terms of employment or statements of employment policy signed by the Applicant, and any subsequent change or changes in the Applicant's duties, salary or other remuneration will not affect the validity or scope of this Agreement.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

\_\_\_\_\_

## LSJE, LLC

### GENERAL STATEMENT OF EMPLOYMENT POLICY

1. **Please read the following General Statement of Employment Policy of LSJE, LLC (the "Company") very carefully. If you have any questions about any part of this General Statement of Employment Policy, or how it affects you and your position, please ask a member of management of Little St. James Island / Great St. James Island (the "Island"). No question is unimportant or insignificant. When used in this General Statement, the "Owner" refers to the principal who resides on the Island.**

2. Proof of Citizenship/Legal Status and Authority to Work.

- A. The Company employs only United States citizens and those non-U.S. citizens authorized to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

Each employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. The documentation required to be presented is described on the Form I-9 and the instructions to that Form. Former employees who are rehired must also complete the Form if they have not completed a Form I-9 with the Company within the past three years or if their previous Form I-9 is no longer retained or valid.

Each employee must present unexpired employment authorization on or before the expiration date of documentation used for Form I-9 verification.

- B. Anyone unable to show employment verification will not be able to work on the Island until they obtain the necessary documents.

3. Work Guidelines

- A. At any given time, times and the length of your workday may vary, depending on the arrival and departure schedules of the Owner and guests on the Island, physical conditions on the Island, special needs of the Island, the Company, the Owner or the Owner's guests, or any number of other circumstances. Because such arrival and departure schedules, physical conditions, special needs and other circumstances are not always predictable, you should be prepared to work an extended work day or up to 10-12 or more consecutive work days on little or no notice. The Company and the Island's managers will endeavor to provide you with advance notice, if possible under the circumstances, with respect to any variance in the work day or work week, but notice may not always be possible and you are expected to remain flexible and work as necessary as a requirement of your employment.

- B. You will be provided transportation by boat to the Island. Your supervisor and the Island's management will advise you in advance of the times that the boat will leave American Yacht Harbor to transport you to the Island. Please be on board by those times. If you miss the boat you will be marked absent from work with a reduction to your salary.
- C. You must carry your Social Security Card **and either** your United States Passport **or** your Green Card with you at all times while you travel to and from the Island. The boat captain or a member of his staff may require you to show these documents before you will be allowed to board the boat. If you do not have the documents you will not be permitted to board, and the boat will leave without you. If that happens you will be marked absent from work with a reduction to your salary.
- D. Your compensation is based on an annual salary paid over 26 bi-weekly installments. As a salaried employee, you are being hired to complete a job for which you are responsible. You will not be compensated at an hourly rate based on the number of hours worked.
4. Your work schedule will be prepared on a weekly basis by the Island's managers and your supervisor, but may be subject to changes on little or no notice, depending on the arrival and departure schedules of the Owner and guests on the Island, physical conditions on the Island, special needs of the Island, the Company, the Owner or the Owner's guests, or any number of other circumstances.
5. Time Off
- A. Vacation Days - Each employee may take off paid vacation days as follows:
- After you have completed one full year of work on the Island, you may take off 5 paid vacation days per year, beginning after the completion of your first full year of work.
  - After you have completed two full years of work on the Island, the number of paid vacation days per year that you may take off will increase to 10 paid vacation days per year, beginning after completion of your second full year of work. This number of paid vacation days per year will remain in effect until after you have completed the fifth full year of work.
  - After you complete five full years of work on the Island, the number of paid vacation days per year that you may take off will increase to 15 paid vacation days per year, beginning after completion of your fifth full year of work.
  - After you complete ten full years of work on the Island, the number of paid vacation days per year that you may take off will increase to 20 paid vacation days per year, beginning after completion of your tenth full year of work. After you complete, ten full years of work on the Island, this number of paid vacation days per year will remain in effect for as long as you continue to work for the Company.

You must make a written request to the Island's managers at least one month in advance for any permitted vacation days. The Company prefers that permitted vacation days be taken not more than 5 consecutive days at a time. However, if management, in its discretion, deems that there is a good reason to make an exception, management may authorize you to take permitted vacation days for up to the maximum of 10 consecutive permitted vacation days. If you wish to request more than 5 consecutive permitted vacation days at one time, please include the reason in your written request.

**Vacation days will not be carried over from year to year and no payment will be given in lieu of vacation days. You must use your permitted vacation days in the year that they apply or they will be lost.**

Based on the rules described above, requests for permitted vacation days will be honored as long as the Island's managers and your supervisor determine in their discretion that the requested vacation days do not interfere with the Island's staffing requirements for the period of time requested off.

- B. **Sick Time** – Up to a maximum of 5 days per year that you do not work because of sickness will be paid. Any additional sick days taken will be taken with a reduction to your salary. **Sick days will not be carried over from year to year and no payment will be given in lieu of sick days.**

If you are sick and unable to work on a given work day, you must notify the Island's managers by 7:00 [REDACTED] of that workday.

If you do not do so, you will not be paid for that sick day even if you have not used all of your allotted sick days for that year. If possible, please notify the Island's managers the evening before.

You must deliver a doctor's note to your supervisor or the Island's managers in the event that your illness requires you to take more than 3 days off work. If you fail to provide your supervisor or the Island's managers with a doctor's note to explain your absence for more than 3 days work, you will not be paid for those sick days, even if you have not used all of your allotted sick days for that year.

Failure to provide your supervisor or the Island's managers with the required Doctor's note more than one time will give the Island's managers grounds to terminate your employment, although the Island's Managers may, in their discretion, impose other disciplinary sanctions as discussed in paragraphs 9 and 14 of this General Statement, including written and verbal warnings, if they decide it is appropriate under the circumstances.

- C. Holidays – The Island’s managers will provide you with a list of holidays during each calendar year for which each employee will receive full payment, even if the employee does not work that day. Depending on the arrival and departure schedules of the Owner and guests on the Island, physical conditions on the Island, special needs of the Island, the Company, the Owner or the Owner’s guests, or any number of other circumstances, you may be required to work on one or more of these holidays as a requirement of your employment with little or no notice. If you are required to work on a Holiday, an alternate day off may subsequently be given by the Island’s managers at their sole discretion.
- D. Unscheduled Personal Time Off – Staffing at the Island is scheduled so that each department operates efficiently. The unscheduled absence of even one employee in a department could interfere with the department’s work schedule and should be avoided. The Company understands that unexpected personal issues, apart from illness, do occur, and will permit employees to take up to a maximum of 3 personal days off. **However, as you will not be working for the day that you take off as a personal day, it is the general policy of the Company that you will not be entitled to receive any compensation for any permitted personal days off. However, the Island’s managers, in their discretion, may permit you to use a permitted paid vacation day for a personal day taken off.**

It is the general policy that **no additional personal days will be permitted**, except in the discretion of the Island’s managers for extreme or extraordinary cases.

You must make a verbal request to the Island’s managers 24 hours in advance of any personal days off you may seek to take. In extraordinary cases, such as unexpected emergency situations, notification must be given to the Island’s managers prior to 7:00 am.

If you fail to report for work without giving the appropriate notice or calling the Island’s managers by 7:00 [REDACTED], that will be considered a violation of your employment duties for which the appropriate disciplinary measures will be determined by the Island’s managers in their discretion. They may impose any disciplinary sanctions for your violation as they determine appropriate, including those discussed in paragraphs 9 and 14 of this General Statement of Employment Policy (for example, written and verbal warnings, and/or termination of employment, if they decide it is appropriate under the circumstances).

If you fail to report for work without any notice for two consecutive days, you will be considered to have abandoned your employment.

Based on the rules described above, requests for unscheduled personal days will be honored as long as the Island’s managers determine in their discretion that your request does not interfere with the Island’s requirements for the period of time requested off.

E. Absenteeism - If you fail to report for work for even one day without the required notice under the circumstances (for example, required notice when you are sick or required notice when you have an emergency requirement for unscheduled personal time off), that will be considered a breach of your employment duties for which the appropriate disciplinary measures will be determined by the Island's managers in their discretion. If you fail to report for work without the required notice for two consecutive days, you will be considered to have abandoned your employment.

6. Please do not bring your personal problems to work with you. You will not be permitted to do your personal laundry on the Island.

7. You are expected to avoid use of any telephone on the Island for personal calls, except in cases of emergency.

Use by any worker on the Island of personal cell phones and audio devices with head sets during work hours is prohibited.

8. For safety and other security reasons, the boat captain and the Island's managers must have the right to search any bags or packages carried onto the boat, or onto or off of the Island. For that reason you should be aware that any bags you bring to or from the Island could possibly be subject to search by the boat captain or his staff or the Island's managers from time to time.

Any illegal items found during such search will be confiscated. To minimize any intrusion on your privacy that may result from these possible searches, we ask that you please avoid carrying multiple, oddsized or oversized packages or bags on board the boat and avoid bringing unnecessary personal items to work with you. **YOU ARE STRICTLY PROHIBITED FROM REMOVING ANY ITEMS FROM THE ISLAND THAT DO NOT BELONG TO YOU (INCLUDING, BUT NOT LIMITED TO, ANY ITEMS OF TRASH ON THE ISLAND OR ANY ITEMS BELIEVED BY YOU TO BE DISCARDED BY THE ISLAND'S OWNERS OR MANAGEMENT).**

9. It is the Company's goal to create a pleasant, congenial, safe and productive work environment on the Island which is free of any persons or conduct which may jeopardize that environment or harm any of the employees, workers, guests, or managers on the Island or the Owner. In order to create such an environment, the Company has adopted a Zero Tolerance policy regarding the following activities:

A. Being under the influence, possessing or using drugs (including abusing prescription drugs) or alcohol while on the Island and/or during work, and drug or alcohol related criminal offenses while away from work.

B. Possessing or using any weapons, including guns and knives, on the Island or during work, and weapons related criminal offenses while away from the Island.

- C. Theft.
- D. Dishonesty.
- E. Fighting.
- F. Insubordination.
- G. Disrespectful, violent, aggressive, abusive or otherwise inappropriate behavior towards another employee, staff member, manager or owner.
- H. Any conduct constituting discrimination based on race, color, national origin, alienage, citizenship status, creed, religion, religious affiliation, age, sex, marital status, disability, or otherwise as may be prohibited by federal or Virgin Islands law.
- I. Any form of sexual harassment towards an employee, supervisor, any of the Island's managers, Owner or guest of the Owner.
- J. Any criminal conduct while away from work.

If the Island's managers have reason to believe that you have committed any of the above activities, you may be subject to disciplinary action as described below and in paragraph 14 of this General Statement of Employment Policy, including immediate removal from the Island, suspension or even permanent termination of employment.

You may be reported to and held for the proper authorities. You also may be subject to investigation by the Company's representatives. In addition, you and your personal effects and storage areas on the island may possibly be searched, and any materials violating this Zero Tolerance policy or U.S. Virgin Islands or federal law might also be confiscated.

The Company and the Island's managers reserve the right to treat each case of employee misconduct on an individual basis and to take or not to take whatever actions the Company deems appropriate to make the Island a better place to work for everyone.

- 10 Confidentiality - As a condition to your employment, you are required to maintain in the strictest confidence any and all information regarding the Company, the Island, employees, workers, managers, the Owner and the Owner's guests. You are also required, as a condition of your employment, to sign a separate Confidentiality Agreement.

Gossiping about the Company, the Island, employees, workers, the Island's managers, the Owner or the Owner's guests is strictly forbidden. If anyone (even a family member, a friend or any other person) asks you any questions regarding the Company, the Island, employees, workers, the Island's managers, the Owner or the Owner's guests, tell that

person the following: "I am unable to answer your questions. If you wish, you may put your questions in writing and send them to "LSJE, LLC."

Violation of this confidentiality policy or any violation of your separate Confidentiality Agreement will be immediate grounds for termination of your employment, no exceptions.

11. Uniforms – The Island’s managers will inform you verbally of dress/uniform requirements applicable to your position. The Company may also adopt a formal policy regarding uniforms. A copy of this policy will be provided to you separately at such time as it is adopted.

12. Tools – All tools, equipment and vehicles required for you to perform the duties of your employment will be provided to you.

You will sign for and be responsible for the return of all tools, equipment and vehicles issued to you each day. You will be responsible for any abuse or any unlawful use by you of the tools, equipment and/or vehicles issued to you.

Abuse or unlawful use by you of any of the tools, equipment or vehicles issued to you could result in Company disciplinary action against you as discussed in paragraphs 9 and 14 of this General Statement of Employment Policy.

You may also be held responsible for the costs of repairing any of the tools, equipment or vehicles abused by you.

The Company may adopt a separate written policy regarding tools, equipment and vehicles provided to you and the other employees while on the Island. A copy of that policy will be provided to you separately at such time as it is adopted.

13. Telephones, Radios and Beepers – In the event the Company issues to you any telephones, radios or beepers to perform the duties of employment, use of such telephones, radios and beepers for anything other than work-related purposes is not allowed.

You will be responsible for any increased costs to the Company resulting from your non-work related use, including long distance fees.

You will be responsible for the cost to replace any telephone, radio or beeper lost by you and for the cost to replace any telephone, radio or beeper damaged or destroyed as a result of abuse by you.

Violations of this policy will subject you to disciplinary action as described in paragraphs 9 and 14 of this General Statement of Employment Policy.

The Company may adopt a separate written policy regarding telephones, radios and

beepers it may issue to you and other employees when required to perform the duties of employment. A copy of that policy will be provided to you separately at such time as it is adopted.

14. Termination and Discipline - Under the terms of your contract, you are an at-will employee and may be terminated with or without cause. Without in any way limiting this, in the event that you:
  - A. Violate any part of this General Statement of Employment Policy or any other Policy Statement of the Company;
  - B. Take or fail to take any action, and such action or inaction would be grounds for your termination under the laws of the United States Virgin Islands; or
  - C. Take or fail to take any action, and such action or inaction is otherwise contrary to the best interests of the Company, the Island, the Owner or the Owner's guests.

Then the Company, may, in its sole discretion, suspend or permanently terminate your employment or subject you to other disciplinary action, including issuing a verbal warning, issuing a written warning, or suspending your employment for a period of time.

A disciplinary file will be maintained for each employee.

It will be no defense in response to any disciplinary action by the Company, that the Company responded differently in a previous situation, whether regarding the same or different persons and whether regarding the same or similar employee misconduct. Each disciplinary decision will be made on a case-by-case basis. Depending on the circumstances, the Company may, in its discretion, determine that even a single policy violation or other form of misconduct, whether by itself without any prior occurrences of such violation or misconduct or in combination with current or past violations or misconduct of a similar or different nature, will justify disciplinary sanctions as great as suspension or even permanent termination.

Please read this General Statement of Employment Policy and all other Policy Statements given to you with great care to avoid any unintended violations.

15. The Company reserves the right to issue additional or supplemental Policy Statements and to change, modify or amend all or any part of this General Statement of Employment Policy, and each of its other Policy Statements, at any time and as many times as the Company deems appropriate.

Once you are given notice, you will be required to comply with each and every such addition, supplement, change, modification or amendment as if it were specifically set forth in this General Statement of Employment Policy or any other Policy Statements on the date that you signed this General Statement of Employment Policy or such other

Policy Statements.

16. If you fully comply with this General Statement of Employment Policy and all of your other agreements with the Company, the Company is confident that you will have a pleasant work experience.

Thank you in advance for your diligent service.

Please acknowledge that you have read and understand and agree to comply with this General Statement of Employment Policy by signing your name in the space provided below.

Dated: \_\_\_\_\_

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
(Please sign your name)

\_\_\_\_\_  
(Please print your full)

Policy Statements.

16. If you fully comply with this General Statement of Employment Policy and all of your other agreements with the Company, the Company is confident that you will have a pleasant work experience.

Thank you in advance for your diligent service.

Please acknowledge that you have read and understand and agree to comply with this General Statement of Employment Policy by signing your name in the space provided below.

Dated: \_\_\_\_\_

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
(Please sign your name)

\_\_\_\_\_  
(Please print your full)

# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: 340-775-2525 E-mail: [REDACTED]

## Direct Deposit Payment Application

Employee Name:

I authorize LSJE, LLC to make ACH credits and debits to the above reference account:

Name(s) on bank account:

Bank name:

Bank routing number:

Bank account number:

Account type:  Checking  Savings

Employee Signature:

Date:

# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: 340-775-2525 E-mail: [REDACTED]

## Employment Application

Position for which Applying:

Today's Date:

Date Available to Begin:

Last Name:

First Name:

Nickname:

Date of Birth:

Social Security Number:

Driver's License Number:

Mailing Address:

Physical Address:

Cell Phone:

Phone (other):

E-mail:

**In case of emergency, please contact:**

Contact:

Relationship:

Contact Phone:

**List most recent and/or relevant employment:**

Employer:	
City, State:	
Position Held:	
Dates Employed:	
Responsibilities:	
Reason for Leaving:	
May we contact this employer?	
Employer Phone:	

**Provide two personal references:**

Reference Name:	Relationship:	Reference Phone:

Please list any qualifications/  
certifications held for this position:

Proof of eligibility for employment is required. Please attach a.) a photocopy of your U.S. Passport or Passport Card OR b.) a photo ID AND supporting documentation establishing U.S. Employment Authorization.

Employee Signature:

Date:

Received by:

Date:

*For internal use only:*

Hire Date:	<input type="text"/>	Rate:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>
Forms Completed:	<input type="checkbox"/> W4 <input type="checkbox"/> I9 <input type="checkbox"/> IDs <input type="checkbox"/> LSJE, LLC Policy		
Items Issued:	<input type="text"/>		
Processed By:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>		



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____	QR Code - Section 1 Do Not Write in This Space
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





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

USCIS  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	--------------------------------

List A Identity and Employment Authorization	List B Identity	List C Employment Authorization
Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">             QR Code - Sections 2 &amp; 3              Do Not Write in This Space           </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town
		State
		ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

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
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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		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		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

LSJ, LLC  
6100 Red Hook Quarters  
Suite B3  
St Thomas USVI 00802

**Notification/Release of Information Form**

The Purpose of this form is to notify you that consumer report will be conducting on you in the course of consideration for employment with

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Social Security: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_  
(please attach a copy)

Passport #: \_\_\_\_\_  
(please attach a copy)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In connection with this request I authorize all corporations, former employers, credit agencies, educational institutions, law informant agencies, city, state county, federal courts and military services to release information about all my background including, but not limited to information about all employment, education, consumer, credit history, driving record, criminal record and general public history to the person or company with which this form has been filed or their agent. This releases the aforesaid parties from any liability and responsibility for collection of the above information.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future 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.** 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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability, and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b></li> </ul> If you meet both conditions, write "Exempt" here . . . . .				<b>7</b>	
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				<b>Date</b> ▶	
			<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

**A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_

**B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_

**C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_

**D** Enter "1" if:   
 • You're single, or married filing separately, and have only one job; or   
 • You're married filing jointly, have only one job, and your spouse doesn't work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.   
 } **D** \_\_\_\_\_

**E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.   
 • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.   
 • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.   
 • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_

**F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.   
 • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).   
 • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_

**G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

**1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_

**2** Enter:   
 \$24,400 if you're married filing jointly or qualifying widow(er)   
 \$18,350 if you're head of household   
 \$12,200 if you're single or married filing separately   
 } . . . . . **2** \$ \_\_\_\_\_

**3** Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_

**5** Add lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7** Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_

**8** Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, above . . . . . **9** \_\_\_\_\_

**10** Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

**ACKNOWLEDGEMENT, ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNITY**

**THIS ACKNOWLEDGEMENT, ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNITY** dated \_\_\_\_\_, 201\_\_.

By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Print Name and Address)

(the undersigned, together with all of the past, present and future directors, officers, managers, employees, subcontractors, representatives and agents of the undersigned, are hereinafter referred to, collectively, as "I" , "me" or "my") in favor of the Indemnified Persons (as defined below).

**WHEREAS**, I desire to be engaged as a vendor, supplier and/or an independent contractor of one or more of Nautilus, Inc., LSJE, LLC, Great St. Jim, LLC, Jeffrey Epstein, and/or other corporations, limited liability companies or entities affiliated with any of the foregoing (hereinafter referred to as "you" or "your"), to provide services and/or provide and/or install products, materials, machinery, equipment for, on or with respect to either or both of the properties located at and known as Little St. James Island and Great St. James Island (the "Properties"), all as more particularly described on Exhibit A hereto (the "Work"); and

**WHEREAS**, my actions in connection with such engagement, my travel to and from the Properties and my physical presence on the Properties may cause me to engage in Inherently Dangerous Activities (as defined below) and expose me to Inherently Dangerous Conditions (as defined below); and

**WHEREAS**, as a material inducement and an express condition precedent for you to consider me for such engagement, and to so engage me, and in consideration of any such engagement that I may obtain from you, I have agreed to assume the risk of, to waive, and to Release, indemnify and hold harmless the Indemnified Persons (as defined below) from and against, any and all past, present and future claims in any way arising out of, related to or connected with, any and all past, present and future damage and/or destruction to personal property, any and all past, present

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and future personal injuries, and/or my death in connection with such engagement, my past, present and future travels to and from the Properties, my past, present and future physical presence on the Properties, my past, present and future exposure to any and all Inherently Dangerous Conditions, my past, present and future participation in any and all Inherently Dangerous Activities or any other past, present and future acts or omissions on or with respect to the Properties;

**NOW, THEREFORE**, in consideration of the foregoing premises, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by me, I, intending to be legally bound, hereby agree as follows:

1. **ACKNOWLEDGEMENT.** I understand and acknowledge that the Properties, including, but not limited to, the pathways, roadways, docks, riprap, buildings, structures, improvements, landscape, topography, hardscape, ponds, falls, shores, surrounding waters, and other features thereof, both natural and man made, may contain defects, both hidden and obvious, and "attractive nuisances," vegetation, animals and other conditions ("Property Conditions"), and that there are used on the Properties tools, equipment, machinery, chemicals, and other materials as a material part of the conduct of normal operations on the Properties ("Property Equipment and Materials"), and that such Property Conditions and Property Equipment and Materials may be dangerous to my person and property ("Inherently Dangerous Conditions"). I further understand and acknowledge that in connection with my present and future engagement, my past, present and future travel to and from the Properties, and my past, present and future physical presence on the Properties, I may have been and may be required to engage in activities that exposed or will expose me to such Property Conditions, and required or may require my use of such Property Equipment and Materials, and that such activities may be dangerous to my person or property ("Inherently Dangerous Activities"). I further acknowledge, agree and represent that I fully understand the nature of the Inherently Dangerous Conditions previously, presently or hereafter on the Properties and the nature of any Inherently Dangerous Activities that I have undertaken or may undertake, and that I am in good health and in proper physical condition to bear the risk of exposure to such Inherently Dangerous Conditions and to engage in any such Inherently Dangerous Activities. I further agree that it is and shall be my sole responsibility to, and I shall, obtain and maintain my own liability insurance policies for the work, naming you as an additional insured, in such amounts as we shall mutually agree, and I have obtained and shall obtain and maintain workman's compensation insurance for my employees, in such amounts and with such coverages as are required by law, to insure against past, present and future damage and destruction to personal property, and past, present and future personal injury or death to my subcontractors and direct and indirect employees who have provided or may hereafter provide the Work.

2. **ASSUMPTION OF THE RISK.** I fully understand that (a) my present and future engagement by you to provide the Work, my past, present

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and future travel to and from the Properties, my past, present and future physical presence on the Properties, my past, present and future exposure to any Inherently Dangerous Conditions and my past, present and future engagement in any Inherently Dangerous Activities INVOLVES RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Dangers"); (b) these Dangers may have been or may be caused by my own actions or inactions, the actions or inactions of others, the conditions existing at the time that the Dangers occur, or the negligence of one or more Indemnified Persons; and (c) there are or may be other risks, damages and losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH DANGERS AND RISKS AND ALL RESPONSIBILITY FOR ALL LOSSES, COSTS, AND DAMAGES that may have been and may hereafter be incurred by me as a result of or in connection with the Properties, my present or future engagement by you to provide the Work, my past, present and future travel to and from the Properties, my past, present and future physical presence on the Properties, my past, present and future exposure to any Inherently Dangerous Conditions and my past, present and future engagement in any Inherently Dangerous Activities. I fully understand and agree that I HAVE BEEN, AM AND SHALL BE FULLY RESPONSIBLE FOR MY OWN SAFETY WHILE ON THE PROPERTIES. I expressly agree to assume the risk and liability that I have suffered or may suffer, directly or indirectly, injury, including, but not limited to, total loss or destruction, to my property or personal injury, including, but not limited to serious bodily harm or death, whether due to some Inherently Dangerous Condition, Inherently Dangerous Activity or otherwise, whether known or unknown to you, or any owner, shareholder, member, director, officer, manager, supervisor, employee, representative, attorney, contractor or agent of you (you, together with all such owners, shareholders, members, directors, officers, managers, supervisors, employees, representatives, attorneys, contractors and agents of you, collectively, the "Indemnified Persons"), whether disclosed or not disclosed to me, and whether or not caused by any act of negligence of any Indemnified Person, as long as such acts do not constitute willful and wanton misconduct.

3. **CAREFUL INSPECTION.** I agree, represent and warrant that I will carefully consider and inspect each Inherently Dangerous Condition to which I am exposed and each Inherently Dangerous Activity in which I take part, and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify you in writing regarding the same and will not take part in such unacceptably hazardous or dangerous activity until the condition has been corrected.

4. **WAIVER AND RELEASE OF CLAIMS.** I hereby waive, and release, acquit and forever discharge each and all of the Indemnified Persons from all liability for, any and all past, present and future claims, demands, losses, or

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damages previously, now or hereafter arising out of, relating to, or connected with, the Properties, my present and future engagement by you to provide the Work, my past, present or future travel to and from the Properties, my past, present or future physical presence on the Properties, my past, present or future exposure to any Inherently Dangerous Conditions and my past, present or future engagement in any Inherently Dangerous Activities, including, but not limited to, any and all claims, demands, losses, or damages for past, present and future loss or destruction, to my property or for any past, present and future serious bodily harm or death, and including, but not limited to, any and all claims, demands, losses or damages arising out of the past, present and future negligence of any of the Indemnified Persons (hereinafter referred to as "Released Claims").

5. **COVENANT NOT TO SUE.** I hereby expressly covenant not to sue or initiate, prosecute, participate in or otherwise pursue any claim or cause of action against any of the Indemnified Persons arising out of or relating to any Released Claim, whether past, present or future.

6. **INDEMNIFICATION.** To the fullest extent permitted by law, I shall defend, indemnify and hold harmless each and all of the Indemnified Persons from any and all claims, actions and/or damages in any way arising out of, relating to, or connected with any and all matters, whether past, present or future, within the scope of any Released Claims, whether such claims, actions and/or damages are asserted by me or any third parties, including, without limitation, for past, present and future bodily injury and property damage, as well as for attorneys fees and costs of you. This indemnity shall constitute a waiver of any immunity conferred by any applicable workers compensation laws.

7. **ADDENDA.** I shall cause each and every one of the subcontractors of the undersigned and each and every one of the direct or indirect employees of the undersigned who may provide the Work to agree in writing to be subject to, and bound by, the provisions of this instrument for the benefit of the Indemnified Persons, as if such subcontractor or employee was an original signatory hereto, by signing an Addendum in the form of Exhibit B attached hereto.

8. **THIRD-PARTY BENEFICIARIES.** I hereby acknowledge and expressly agree that the provisions of this ACKNOWLEDGEMENT, ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNITY shall be fully enforceable against me by any of the Indemnified Persons, each of whom is hereby expressly deemed to be an intended third-party beneficiary hereof.

9. **GOVERNING LAW.** This ACKNOWLEDGEMENT, ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNITY shall be governed by, and construed in accordance with, the laws of the United States Virgin Islands, applicable to contracts

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executed and to be performed entirely therein without application of any principles of conflicts of laws.

[SIGNATURE ON THE NEXT PAGE]

**IN WITNESS WHEREOF**, the undersigned has caused this Agreement to be executed as of the day and year first above written.

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

Name and Title, if any, of Authorized Signatory:

\_\_\_\_\_

Signature: \_\_\_\_\_

**EXHIBIT A**

**DETAILED DESCRIPTION OF SCOPE OF WORK**

**[ATTACHED]**

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**EXHIBIT B**  
**INDEMNITY AND HOLD HARMLESS AGREEMENT**  
**[ATTACHED]**

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made by the undersigned in favor of the Indemnified Persons, including, without limitation, the assumption of the risk of, and the waiver, release and indemnification of the Indemnified Persons with respect to, any and all past, present and future claims by the undersigned for past, present and future damage or destruction to the undersigned's property or for past, present and future personal injuries to the undersigned or the undersigned's death, all as specifically provided in the Acknowledgement.

IN WITNESS WHEREOF, the Undersigned has caused this Addendum to be executed as of the day and year written below.

THE UNDERSIGNED:

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

Name and Title  
of Authorized  
Signatory, if any: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

I hereby confirm that attached to this Addendum is a complete copy of the Acknowledgement, and that I have carefully read that document in its entirety.

Signature: \_\_\_\_\_

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## ADDENDUM

Reference is hereby made to the ACKNOWLEDGEMENT, ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNITY dated \_\_\_\_\_, 201\_\_ by \_\_\_\_\_ (the "Original Party"), in favor of the Indemnified Persons as defined therein, a copy of which is attached hereto and incorporated by reference herein (the "Acknowledgement"). All capitalized terms used but not otherwise defined herein shall have the meanings given to those terms in the Acknowledgement.

Pursuant to Section 7 of Acknowledgement, the Original Party is required to cause each and every one of the Original Party's subcontractors and direct or indirect employees who provide the Work to agree in writing to be subject to, and bound by, the provisions of the Acknowledgement for the benefit of the Indemnified Persons, as if such subcontractor or employee had originally signed the Acknowledgement, by signing an Addendum in the form of Exhibit B to the Acknowledgement.

This Addendum is intended to serve as the Addendum referred to in Section 7 of the Acknowledgement and is in the form attached as Exhibit B to the Acknowledgement.

As material inducement for you (for purposes of clarity, the terms "you and your" have the same meanings given to such terms in the Acknowledgement) to allow the undersigned access to the Properties and for the Original Party to employ the undersigned or engage the undersigned to provide the Work, and in consideration of such access and employment or engagement, the undersigned hereby agrees as follows for the benefit of the Original Party and the Indemnified Persons:

1. The undersigned has carefully reviewed this Addendum and the Acknowledgement and fully understands the contents of both documents.
2. By signing this Addendum, the undersigned agrees to be treated as if the undersigned originally signed the Acknowledgement, and, as a result, to be governed and bound by the provisions of the Acknowledgement, as if the undersigned had originally signed the Acknowledgement. The undersigned agrees that, as a result of the undersigned's signing this Addendum, when the terms "I", "me" or "my" are used in the Acknowledgement they shall be understood as references to the undersigned.
3. **Without limiting the generality of the foregoing, the undersigned expressly agrees that all acknowledgements, assumptions of risk, waivers, releases, indemnities, representations, warranties, agreements and other provisions contained in the Acknowledgement shall be deemed to have been**

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# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: 340-775-2525 E-mail: [REDACTED]

## Emergency Contact Form

Today's Date:	<input type="text"/>	Start Date:	<input type="text"/>
Employee Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Physical Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Cell Phone:	<input type="text"/>	Phone (other):	<input type="text"/>
E-mail:	<input type="text"/>	Marital Status:	<input type="text"/>
Title/Position:	<input type="text"/>	Driver's License No:	<input type="text"/>

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Allergies or Health Concerns:

Blood type:

A-    A+    AB-    AB+    B-    B+    O-    O+    Unknown

Current Medications:

Doctor's Name:       Doctor's Phone:

Doctor's Name:       Doctor's Phone:

---

In case of emergency, please contact:

Name:       Relationship:       Phone:

Name:       Relationship:       Phone:

*This information is for your safety and the safety of others.*