CONTRACT AGREEMENT

This agreement entered this day	between
Employee of Charisma Home Health Agency Asonibe, Administrator, States that employee admitted to the Agency and subject to the foll	betweenhereafter known as the Agency and Mrs. Shirley agrees to provide professional services to patient lowing terms:
regimen adopted and approved by the physici	s a according to the edures and to adhere to the patient's plan of treatment ian. I further represent that I am licensed in the state oncy upon suspension or revocation of my license and to
prescribed time according to the policy. I agree	all patients assigned to me by the Agency at the se that reimbursement will not be made until all sed, completed and is in compliance with agency and
3. I agree to participate in case conferences ar POC, scheduling assessment and evaluation if	nd in-services every month and assist in developing necessary.
and that it is subject to revision as is deemed n	npensated as is indicated by the reimbursement sheet necessary by the Administrator. It will continue to be a y me. I will not accept any gratuity or tip from any
EMPLOYEE SIGNATURE	DATE
5. I agree not to hold the Agency responsible f	or any liability, claims, demands or expenses in any

- 5. I agree not to hold the Agency responsible for any liability, claims, demands or expenses in any way connected with services rendered to patient or any account of negligence or alleged negligence and for any liability in any respect incurred in travel in connection with this contract. I understand that all patient care will be supervised by a Registered Nurse.
- 6. I agree and understand that I am an employee of the Agency, and not of the patient. Therefore all questions regarding fees or payment schedule will be directed to the Agency. And that all payments made by patient for services rendered will be paid directly to the Agency. That employee will be compensated according to agreed rate per reimbursement sheet after employee have submitted time attendance sheet, and all documentation, are in compliance with the Medicare and agency rules and regulations.
- 7. I agree that I cannot accept employment directly or indirectly with any patient or family member of the patient for which employee has provided services for, as a result of an assignment, referrals or information given to employee while working as an employee of the Agency. I agree to a prohibition against me, accepting such employment for a period of 12 months following ending date of my last assignment or referral of patient/client of the Agency.
- 8. If I accept employment either directly or indirectly with a patient/client or former patient/client of the Agency in violation of my contract with the Agency, I agree to pay the Agency 25% of my gross annual salary and it will be calculated based upon, on months or wages, as paid by employer under this contract.

- Should it become necessary for employer to retain the services of an attorney to enforce any of the
 provision of this agreement, I agree to pay all reasonable and necessary attorney fees, expenses and
 cost of suit. The under sign agrees to service all approved counties.
- 10. This contract is terminated by either party upon thirty day notice. Employer may terminate this agreement immediately upon failure of employee to carry out his/her duties and responsibilities in a competent professional manner or if a danger to the mental or physical health of patient is eminent.
- 11. The under sign agrees to comply with Title VI of the Civil Rights Act of 1964. THE UNDERSIGN ACKNOWLEDGE THEY HAVE READ AND UNDERSTAND TERMS OF THIS CONTRACT.

DATED THE	DAY OF	20	DALLAS
	SIGNATURE		
	LICENSE #		

Form W-4 (2011)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.) Enter "1" for yourself if no one else can claim you as a dependent. • You are single and have only one job; or • You are married, have only one job; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. • Four wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. • Four wages from a second job or your spouse wages (or the total of both) are \$1,500 or less. • Four wages from a second job or your spouse wages (or the total of both) are \$1,500 or less. • Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) ■ Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) ■ Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit if you will file as head of household on your tax return (see conditions under Head of household above) ■ Enter "1" if you have at least \$1,900 of immined, enter "2" for each eligible child; the less "1" if you have three or more eligible children if you rout include child support payments. See Pub. \$4,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible children in the payments of a semptions you claim on your tax return. ▶ House warksheet on your withholding, and the combined earnings from all jobs exceeding the payments of the Tonsuir, you want withhold in the payments to income and want to reduce your withholding, see the Deduction of the payments of the Tonsuir, you want withhold in the your employer may be required to send a copy of this form to the IRS. • Whether you are e	come, or two-earners/m	iuitipie jobs situations.	CONTRACT THE S	1.07 5-4	water raggeds \			
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Enter "1" for your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) Enter number of dependents (other than your spouse or yourself) you will claim on your tax return Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit For accuracy (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.) (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) (Note To not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) (Note To not include child set including additional child tax credit). See Pub. 572, Child Tax Credit, for more information. Child Tax Credit (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information. If your total income will be best than \$61,000 (\$00,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. If your total income will be between \$61,000 and \$\$44,000 (\$90,000 and \$\$119,000 if married), enter "1" for each eligible children. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H For accuracy, complete all worksheets that apply. If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deduction and Adjustments Worksheet on page 2. If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs excee that apply. Cut here and give Form W-4 to your employer. Keep the top part for your records the combined earnings from all jobs excee you are claiming the parties of the parties o	Enter "1" if:	- Maria	oly one job, and your so	ouse does not w	ork; or		1.	
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orm W-4 Type or print your first name and middle initial. Home address (number and street or rural route) Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Gity or town, state, and ZIP code Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) Additional amount, if any, you want withheld from each paycheck Total number of allowances you are refund of all federal income tax withheld because I had no tax liability and This year I expect a refund of all federal income tax withheld because I had no tax liability. In the prover is signature Plate → Interior of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature Plate → If you need both conditions, write "Exempt" here. Date → If you need both conditions, write "Exempt" here. Date → Da							r more elig	gible childrei
Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H For accuracy, complete all worksheets that apply. *If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deduction and Adjustments Worksheet on page 2. *If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceet in you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceet in you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceet that apply. **Cut here and give Form W-4 to your employer. Keep the top part for your records. **Employee's Withholding Allowance Certificate** **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. **Description** **Home address (number and street or rural route)** **Home address (number and street or rural route)** **Last name** **Home address (number and street or rural route)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)** **Tot	If your total incol If your total incol	nne wiil be hetween \$61.	000 and \$84,000 (\$90,0	00 and \$119,000	if married), enter "1	I" for each eli	gible	
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