B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.

PROOF OF CLAIM

Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.

Case Number: 3:09-bk-07047-JAF

NOTE: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): Tyler Staffing Services d/b/a Chase Professionals

Name and address where notices should be sent:

Attn: Cookie Luikart
750 Hammond Drive Bldg. 9 Atlanta, GA 30328

CLAIM FILED
JACKSONVILLE, FLORIDA
JAN 19 2010

Telephone number: (404) 250-5116

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:_____ (*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):

CLERK, U. S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 19,975.41

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Services performed
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8351

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property:$_____ **Annual Interest Rate**___**%**

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: $_____ **Basis for perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured: $**_____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

✓ Wages, salaries, or commissions (up to $10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to $2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$ 2,006.99

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Date: 01-15-10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Cookie Luikart Collections Mgr.

FOR COURT USE ONLY

T, B & W Mortgage Corp.
00736

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Invoice Number	Employee Name	Check Date	Associate ID #	FICA	MED	GASING	USS	GAMFJ	USM	GAHOH
649083B	Gammage, Carol	07/02/09	100293	$24.55	$5.74	$0.66	$0.00	$0.00	$0.00	$0.00
649083B	Richards, Shannon	07/02/09	545605	$41.15	$9.62	$14.82	$0.00	$0.00	$0.00	$0.00
649083B	Tyson-Weeks, Penelope	07/02/09	543619	$39.68	$9.28	$0.00	$0.00	$27.94	$22.01	$0.00
649083B	West, Nkenge	07/02/09	541793	$39.43	$9.23	$15.58	$41.30	$0.00	$0.00	$0.00
649022	Bennett, Karen	07/02/09	495771	$27.11	$6.34	$16.81	$31.69	$0.00	$0.00	$0.00
649480B	Gammage, Carol	07/09/09	100293	$32.74	$7.66	$6.68	$0.00	$0.00	$0.00	$0.00
649480B	Richards, Shannon	07/09/09	545605	$39.38	$9.21	$13.11	$0.00	$0.00	$0.00	$0.00
649480B	Tyson-Weeks, Penelope	07/09/09	543619	$39.68	$9.28	$0.00	$0.00	$27.94	$22.01	$0.00
649480B	West, Nkenge	07/09/09	541793	$38.44	$8.99	$14.62	$38.90	$0.00	$0.00	$0.00
649421	Bennett, Karen	07/09/09	495771	$26.85	$6.28	$16.56	$31.06	$0.00	$0.00	$0.00
649872B	Richards, Shannon	07/16/09	545605	$41.69	$9.75	$15.34	$0.00	$0.00	$0.00	$0.00
649872B	Tyson-Weeks, Penelope	07/16/09	543619	$39.68	$9.28	$0.00	$0.00	$27.94	$22.01	$0.00
649872B	West, Nkenge	07/16/09	541793	$39.68	$9.28	$15.82	$41.90	$0.00	$0.00	$0.00
649812	Bennett, Karen	07/16/09	495771	$35.51	$8.30	$24.94	$52.00	$0.00	$0.00	$0.00
651085B	Richards, Shannon	07/30/09	545605	$62.40	$14.60	$35.39	$36.30	$0.00	$0.00	$0.00
651085B	Tyson-Weeks, Penelope	07/30/09	543619	$54.56	$12.76	$0.00	$0.00	$42.34	$58.01	$0.00
651020	Bennett, Karen	07/30/09	495771	$20.11	$4.70	$10.03	$14.73	$0.00	$0.00	$0.00
651511B	Bates, Vickee	08/06/09	541824	$48.46	$11.33	$0.00	$22.76	$0.00	$0.00	$16.40
651511B	Richards, Shannon	08/06/09	545605	$40.92	$9.57	$14.60	$0.00	$0.00	$0.00	$0.00
651511B	Tyson-Weeks, Penelope	08/06/09	543619	$39.68	$9.28	$0.00	$0.00	$27.94	$22.01	$0.00
651441	Bennett, Karen	08/06/09	495771	$33.66	$7.88	$23.16	$47.55	$0.00	$0.00	$0.00
651916B	Richards, Shannon	08/13/09	545605	$22.51	$5.26	$0.07	$0.00	$0.00	$0.00	$0.00
651916B	Tyson-Weeks, Penelope	08/13/09	543619	$15.38	$3.60	$0.00	$0.00	$4.42	$0.00	$0.00
651916B	West, Nkenge	08/13/09	541793	$20.09	$4.69	$0.00	$0.00	$0.00	$0.00	$0.00
651852	Bennett, Karen	08/13/09	495771	$14.25	$3.33	$4.37	$2.44	$0.00	$0.00	$0.00
			Totals	$877.59	$205.24	$242.56	$360.63	$158.52	$146.05	$16.40
						Grand Total	**$2,006.99**			

Taylor Bean & Whitaker Bankruptcy Priority- Taxes, 401K and Child Support

CHASE Professionals

649083B

Invoice Date	**07/02/09**
Customer #	**128351**
Invoice Amt	**3,274.32**
Invoice Number	**649083B**

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 06/28/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
06/28/09	Gammage, Carol	Loan Consultant	Reg	24.00	$22.77	0.00	$34.16	$546.48
06/28/09	Richards, Shannon	Loan Consultant	Reg	40.00	$22.77	0.15	$34.16	$915.92
06/28/09	Tyson-Weeks Penelope	Loan Consultant	Reg	40.00	$22.72	0.00	$34.08	$908.80
06/28/09	West, Nkenge	Loan Consultant	Reg	39.75	$22.72	0.00	$34.08	$903.12

Please Pay **$3,274.32**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for
collection, legal fees, usually 30% of the invoice amount.

649083B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Carol Gammage

SOCIAL SECURITY NUMBER: 256 41 0544

WEEK ENDING: 6 22 09

DATE SUNDAY: 6 28 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED			9 Am	9 Am	9 AM			
TIME FINISHED			10 pm	10 pm	10 pm			
LESS LUNCH			1 Hr	1 Hr	1 Hr			
TOTAL HOURS			8.00	8.00	8.00			24

EMPLOYEE'S SIGNATURE: Carol Gammage

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor Bean

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville GA

NAME OF PERSON WORKED FOR: Becky Wright

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of immediate supervisor required. Alternate signature on reverse side.

X Jo Anne Patterson

PRINT NAME: JO ANNE PATTERSON

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

404-252-4405 fax

404-252-4336

Ty Abernathy

404-252-4405

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME	Shannon Richards	WEEK ENDING DATE SUNDAY	6 2 8
SOCIAL SECURITY NUMBER	2 6 0 4 9 1 7 9 2		

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	8:00	8:30	8:30	8:30			
TIME FINISHED	5:30	5:00	5:30	5:30	5:30			
LESS LUNCH	.45	1	1	1	1			
TOTAL HOURS	8.15	8	8	8	8			40.15

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY	Taylor, Bean + Whitaker
ADDRESS	950 Grayson Hwy
CITY, STATE, ZIP	Lawrenceville GA
NAME OF PERSON WORKED FOR	Becky Wright

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side

X Jo Anne Patterson

PRINT NAME Jo ANNE PATTERSON

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

CHASE Accounting

chaseaccounting.com

SMPLOYEE'S NAME: Nhenge West

SOCIAL SECURITY NUMBER: 2 5 9 6 7 0 2 2 2

WEEK ENDING DATE SUNDAY: 6 2 8

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON. 6-22	TUE. 6-23	WED. 6-24	THU. 6-25	FRI. 6-26	SAT. 6-27	SUN. 6-28	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00	9:15	X	X	
TIME FINISHED	6:00	6:00	6:30	6:00	4:30			
LESS LUNCH	1	1	.30	—	—			
TOTAL HOURS	8	8	8.5	8	7.25			39.75

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean and Whitaker

ADDRESS: 950 Grayson Hwy.

CITY, STATE, ZIP: Lawrenceville, GA. 30045

NAME OF PERSON WORKED FOR

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side

X Jo Anne Patterson

PRINT NAME: JO ANNE PATTERSON

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Penelope Tyson-Weeks

SOCIAL SECURITY NUMBER: 0 4 6 7 0 4 4 3 4

WEEK ENDING DATE SUNDAY: 06 26 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00	9:00			
TIME FINISHED	6:00	6:00	6:00	6:00	6:00			
LESS LUNCH	1.0	1.0	1.0	1.0	1.00			
TOTAL HOURS	8.0	8.0	8.0	8.0	8.00			40

EMPLOYEE'S SIGNATURE: Penelope Tyson-Weeks

White - Payroll Back Copy Yellow - Customer Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean, and Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, GA 30045

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions contained herein.

X Daniel S. Schwarz

PRINT NAME: Daniel S. Schwarz

ASSIGNMENT COMPLETED RETURNING

ALL INFORMATION MUST BE PRINTED

404-252-4405 fax

404-252-4336

Ty Abernethy

Branch: GA30
Phone: 404-252-4336

GA08

Name: Carol Gammage SSN: [redacted]0544 Date: 07/02/09 Check No: 3666821

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
06/28/09	Taylor, Bean, & W	Reg	24	0	0	$16.50	$0.00	$0.00	0	$0.00	562236	$396.00
Total Earnings												**$396.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$24.55	$24.55	$396.00	0	$0.00
EMed	$5.74	$5.74	$396.00	0	$0.00
GASING	$0.66	$0.66	$396.00	6	$0.00
USS	$0.00	$0.00	$396.00	6	$0.00

YTDGross: $396.00

Net: $365.05

RBC Centura Bank, NC
66-85
531

DATE 07/02/09

CHECK # 3666821

AMOUNT

PAY Three Hundred Sixty Five DOLLARS and Five CENTS $365.05

TO THE ORDER CAROL GAMMAGE
230 Colser Dr.
Covington, GA 30016

Roy F. Abernathy

GA08

⑈3666821⑈ ⑆053100850⑆60100694 39⑈

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]1792 Date: 07/02/09 Check No: 3667340

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
06/28/09	Taylor, Bean, & W	Reg	40	0.15	0	$16.50	$0.00	$0.00	0	$0.00	561092	$663.71
Total Earnings												**$663.71**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$41.15	$186.32	$3,005.09	0	$0.00
EMed	$9.62	$43.57	$3,005.09	0	$0.00
GASING	$14.82	$77.46	$3,005.09	6	$0.00
USS	$0.00	$16.85	$3,005.09	9	$0.00

YTDGross: $3,005.09

Net: $598.12

RBC Centura Bank, NC
66-85
531

DATE
07/02/09

CHECK #
3667340

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN: [redacted]4434 Date: 07/02/09 Check No: 3667342

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
06/28/09	Taylor, Bean, & W	Reg	40	0	0	$16.00	$0.00	$0.00	0	$0.00	560023	$640.00
Total Earnings												**$640.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.68	$251.72	$4,060.00	0	$0.00
EMed	$9.28	$58.87	$4,060.00	0	$0.00
GAMFJ	$27.94	$180.84	$4,060.00	2	$0.00
USM	$22.01	$169.70	$4,060.00	2	$0.00

YTDGross: $4,060.00

Net: $541.09

RBC Centura Bank, NC
66-85
531

DATE
07/02/09

CHECK #
3667342

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Nkenge West SSN: [redacted]0222 Date: 07/02/09 Check No: 3666824

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
06/28/09	Taylor, Bean, & W	Reg	39.75	0	0	$16.00	$0.00	$0.00	0	$0.00	559282	$636.00
Total Earnings												**$636.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.43	$315.07	$5,081.75	0	$0.00
EMed	$9.23	$73.69	$5,081.75	0	$0.00
GASING	$15.58	$124.27	$5,081.75	3	$0.00
USS	$41.30	$329.47	$5,081.75	3	$0.00

YTDGross: $5,081.75

Net: $530.46

RBC Centura Bank, NC
66-85
531

DATE 07/02/09

CHECK # 3666824

AMOUNT

PAY Five Hundred Thirty DOLLARS and Forty Six CENTS $530.46

TO THE ORDER NKENGE WEST
5110 Rock Place Dr.
Stone Mountain, GA 30087

Roy F. Abernathy

GA30

⑈3666824⑈ ⑆053100850⑆6010069439⑈

CHASE Professionals

649480B

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Invoice Date	**07/09/09**
Customer #	**128351**
Invoice Amt	**3,394.49**
Invoice Number	**649480B**

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 07/05/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
07/05/09	Gammage, Carol	Loan Consultant	Reg	32.00	$22.77	0.00	$34.16	$728.64
07/05/09	Richards, Shannon	Loan Consultant	Reg	38.50	$22.77	0.00	$34.16	$876.65
07/05/09	Tyson-Weeks Penelope	Loan Consultant	Reg	40.00	$22.72	0.00	$34.08	$908.80
07/05/09	West, Nkenge	Loan Consultant	Reg	38.75	$22.72	0.00	$34.08	$880.40

Please Pay **$3,394.49**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for
collection, legal fees, usually 30% of the invoice amount.

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Carol Gammage

SOCIAL SECURITY NUMBER:

WEEK ENDING: 6 29 09

DATE SUNDAY: 7 6 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9 AM	9 AM	9 AM	9 AM				
TIME FINISHED	6 PM	6 pm	6 pm	6 pm				
LESS LUNCH	1 hr	1 hr	1 hr	1 hr				
TOTAL HOURS	8:00	8:00	8:00	8:00				32

EMPLOYEE'S SIGNATURE: Carol Gammage

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor Bean

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, Ga.

NAME OF PERSON WORKED FOR: Becky wright

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature indicates acceptance of terms and conditions on reverse side

X

PRINT NAME: Daniel E Sanning

ASSIGNMENT COMPLETED RETAINING

ALL INFORMATION MUST BE PRINTED.

404-348-0224

649480

649480 B

604-252-4405

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Shannon Richards

SOCIAL SECURITY NUMBER: 260 49 1792

WEEK ENDING DATE SUNDAY: 7 0 5

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	10:00	8:15	8:00	OFF			
TIME FINISHED	8:30	7:15	7:30	5:30				
LESS LUNCH	1	.5	1	1				
TOTAL HOURS	11	8.45	10.15	8.5	0			38.5

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean + Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville GA

NAME OF PERSON WORKED FOR: Becky Wright

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side

X

PRINT NAME: Becky Wright

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

649480 B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Penelope Tyson-Weeks

SOCIAL SECURITY NUMBER: 046 70 4437

WEEK ENDING DATE SUNDAY: 7 3 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00				
TIME FINISHED	9:00	8:00	8:00	7:00				
LESS LUNCH	1.00	1:00	1:00	1.0				
TOTAL HOURS	11.0	10.0	10.0	9.0				40

EMPLOYEE'S SIGNATURE: Penelope Weeks

White - Payroll Dept Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean, & Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, GA 30045

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions by reverse side.

X

PRINT NAME

ASSIGNMENT COMPLETED RETURNING

ALL INFORMATION MUST BE PRINTED.

404-252-4405 fax

404-252-4336

Ty Abernethy

649480B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Nhenge West

SOCIAL SECURITY NUMBER: 259 67 0222

WEEK ENDING DATE SUNDAY: 7 0 5

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON. 06-30	TUE. 07-01	WED. 07-02	THU. 07-03	FRI. 07-03	SAT. 07-04	SUN. 07-05	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00				
TIME FINISHED	6:30	6:00	8:30	7:45				
LESS LUNCH	1.00	.30	—	.30				
TOTAL HOURS	8.50	8.50	11.50	10.25				38.75

EMPLOYEE'S SIGNATURE: [signature]

White - Payroll Dept. Copy | Yellow - Company Copy | Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean & Whitaker

ADDRESS: 950 Grayson Hwy.

CITY, STATE, ZIP: Lawrenceville, GA 30087

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X [signature]

PRINT NAME: Donald Schoning

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Carol Gammage SSN: [redacted]0544 Date: 07/09/09 Check No: 3669607

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/05/09	Taylor, Bean, & W	Reg	32	0	0	$16.50	$0.00	$0.00	0	$0.00	562236	$528.00
Total Earnings												**$528.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$32.74	$57.29	$924.00	0	$0.00
EMed	$7.66	$13.40	$924.00	0	$0.00
GASING	$6.68	$7.34	$924.00	6	$0.00
USS	$0.00	$0.00	$924.00	6	$0.00

YTDGross: $924.00

Net: $480.92

RBC Centura Bank, NC
66-85
531

DATE
07/09/09

CHECK #
3669607

AMOUNT

PAY Four Hundred Eighty DOLLARS and Ninety Two CENTS $480.92

TO THE ORDER CAROL GAMMAGE
230 Colser Dr.
Covington, GA 30016

Roy F. Abernethy

MGA30

⑈3669607⑈ ⑆053100850⑆6010069439⑈

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]1792 Date: 07/09/09 Check No: 3668967

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/05/09	Taylor, Bean, & W	Reg	38.5	0	0	$16.50	$0.00	$0.00	0	$0.00	561092	$635.25
Total Earnings												**$635.25**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.38	$225.70	$3,640.34	0	$0.00
EMed	$9.21	$52.78	$3,640.34	0	$0.00
GASING	$13.11	$90.57	$3,640.34	6	$0.00
USS	$0.00	$16.85	$3,640.34	9	$0.00

YTDGross: $3,640.34

Net: $573.55

RBC Centura Bank, NC
66-85
531

DATE
07/09/09

CHECK #
3668967

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN: [redacted]4434 Date: 07/09/09 Check No: 3668969

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/05/09	Taylor, Bean, & W	Reg	40	0	0	$16.00	$0.00	$0.00	0	$0.00	560023	$640.00
Total Earnings												**$640.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.68	$291.40	$4,700.00	0	$0.00
EMed	$9.28	$68.15	$4,700.00	0	$0.00
GAMFJ	$27.94	$208.78	$4,700.00	2	$0.00
USM	$22.01	$191.71	$4,700.00	2	$0.00

YTDGross: $4,700.00

Net: $541.09

RBC Centura Bank, NC
66-85
531

DATE
07/09/09

CHECK #
3668969

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Nkenge West SSN: [redacted]0222 Date: 07/09/09 Check No: 3669609

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/05/09	Taylor, Bean, & W	Reg	38.75	0	0	$16.00	$0.00	$0.00	0	$0.00	559282	$620.00
Total Earnings												**$620.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$38.44	$353.51	$5,701.75	0	$0.00
EMed	$8.99	$82.68	$5,701.75	0	$0.00
GASING	$14.62	$138.89	$5,701.75	3	$0.00
USS	$38.90	$368.37	$5,701.75	3	$0.00

YTDGross: $5,701.75

Net: $519.05

RBC Centura Bank, NC
66-85
531

DATE
07/09/09

CHECK #
3669609

AMOUNT

PAY Five Hundred Nineteen DOLLARS and Five CENTS $519.05

TO THE ORDER NKENGE WEST
5110 Rock Place Dr.
Stone Mountain, GA 30087

Roy F. Abernathy

GA30

⑈3669609⑈ ⑆053100850⑆6010069439⑈

CHASE Professionals

649872B

Invoice Date	**07/16/09**
Customer #	**128351**
Invoice Amt	**2,745.48**
Invoice Number	**649872B**

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 07/12/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
07/12/09	Richards, Shannon	Loan Consultant	Reg	40.00	$22.77	0.50	$34.16	$927.88
07/12/09	Tyson-Weeks Penelope	Loan Consultant	Reg	40.00	$22.72	0.00	$34.08	$908.80
07/05/09	West, Nkenge	Loan Consultant	Reg	40.00	$22.72	0.00	$34.08	$908.80

Please Pay **$2,745.48**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection, legal fees, usually 30% of the invoice amount.

6498726

404-252-4405

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME	Shannon Richards	WEEK ENDING	
SOCIAL SECURITY NUMBER	260 49 1792	DATE SUNDAY	7 1 2

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	8:30	8:30	8:30	8:30			
TIME FINISHED	5:30	5:30	5:30	6:00	5:30			
LESS LUNCH	1	1	1	1	1			
TOTAL HOURS	8	8	8	8.5	8			40.5

EMPLOYEE'S SIGNATURE Shannon Richards

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY Taylor, Bean + Whitaker

ADDRESS 950 Grayson Hwy

CITY, STATE, ZIP Lawrenceville, GA

NAME OF PERSON WORKED FOR Becky Wright

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X [signature]

PRINT NAME B Wright

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME	Penelope Tyson-Weeks
SOCIAL SECURITY NUMBER	0 4 6 7 0 4 4 3 4
WEEK ENDING DATE SUNDAY	7 10 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00				
TIME FINISHED	7:30	8:30	8:30	7:30				
LESS LUNCH	1.0	1.0	1.0	1.0				
TOTAL HOURS	9.5	10.5	10.5	9.5				40

EMPLOYEE'S SIGNATURE Penelope Tyson-Weeks

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY	Taylor, Bean & Whitaker
ADDRESS	950 Grayson Hwy
CITY, STATE, ZIP	Lawrenceville, GA 30045
NAME OF PERSON WORKED FOR	

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signing this sheet is the acknowledgement of terms and conditions on reverse side.

X Daniel S. Sakoning

PRINT NAME Daniel S. Sakoning

ASSIGNMENT COMPLETED RETURNING

ALL DEPOSIT/CHECK MUST BE PRINTED.

404-252-4405 fax

404-252-4336

Ty Abernethy

649972B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Nkenge West

SOCIAL SECURITY NUMBER: 259 67 0222

WEEK ENDING DATE SUNDAY: 6 1 2

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON. 6-06	TUE. 6-07	WED. 6-08	THU. 6-09	FRI. 6-10	SAT. 6-11	SUN. 6-12	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00	9:00	X	X	
TIME FINISHED	5:30	6:00	6:30	6:00	6:00			
LESS LUNCH	1.50	1.00	.50	.50	1.00			
TOTAL HOURS	7.00	8	9	8.50	7.50			40

EMPLOYEE'S SIGNATURE: [signature]

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean and Whitaker

ADDRESS: 950 Grayson Hwy.

CITY, STATE, ZIP: Lawrenceville, GA. 30045

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X [signature]

PRINT NAME: Daniel E Schoning

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]1792 Date: 07/16/09 Check No: 3670513

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/12/09	Taylor, Bean, & W	Reg	40	0.5	0	$16.50	$0.00	$0.00	0	$0.00	561092	$672.38
Total Earnings												**$672.38**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$41.69	$267.39	$4,312.72	0	$0.00
EMed	$9.75	$62.53	$4,312.72	0	$0.00
GASING	$15.34	$105.91	$4,312.72	6	$0.00
USS	$0.00	$16.85	$4,312.72	9	$0.00

YTDGross: $4,312.72

Net: $605.60

RBC Centura Bank, NC
66-85
531

DATE
07/16/09

CHECK #
3670513

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN:[redacted]4434 Date: 07/16/09 Check No: 3670516

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/12/09	Taylor, Bean, & W	Reg	40	0	0	$16.00	$0.00	$0.00	0	$0.00	560023	$640.00
Total Earnings												**$640.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.68	$331.08	$5,340.00	0	$0.00
EMed	$9.28	$77.43	$5,340.00	0	$0.00
GAMFJ	$27.94	$236.72	$5,340.00	2	$0.00
USM	$22.01	$213.72	$5,340.00	2	$0.00

YTDGross: $5,340.00

Net: $541.09

RBC Centura Bank, NC
66-85
531

DATE
07/16/09

CHECK #
3670516

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Nkenge West SSN: [redacted]0222 Date: 07/16/09 Check No: 3670885

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/12/09	Taylor, Bean, & W	Reg	40	0	0	$16.00	$0.00	$0.00	0	$0.00	559282	$640.00
Total Earnings												**$640.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.68	$393.19	$6,341.75	0	$0.00
EMed	$9.28	$91.96	$6,341.75	0	$0.00
GASING	$15.82	$154.71	$6,341.75	3	$0.00
USS	$41.90	$410.27	$6,341.75	3	$0.00

YTDGross: $6,341.75

Net: $533.32

RBC Centura Bank, NC
66-85
531

DATE 07/16/09

CHECK # 3670885

AMOUNT

PAY Five Hundred Thirty Three DOLLARS and Thirty Two CENTS $533.32

TO THE ORDER NKENGE WEST
5110 Rock Place Dr.
Stone Mountain, GA 30087

Roy F. Abernathy

GA30

⑈3670885⑈ ⑆053100850⑆6010069439⑈

CHASE Professionals

651085B

Invoice Date	**07/30/09**
Customer #	**128351**
Invoice Amt	**2,638.64**
Invoice Number	**651085B**

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 07/26/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
07/26/09	Richards, Shannon	Loan Consultant	Reg	40.00	$22.77	14.00	$34.16	$1,389.04
07/26/09	Tyson-Weeks Penelope	Loan Consultant	Reg	40.00	$22.72	10.00	$34.08	$1,249.60

Please Pay **$2,638.64**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection, legal fees, usually 30% of the invoice amount.

651085 B

CC04-252-4405

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME	Shannon Richards	WEEK ENDING DATE SUNDAY	7 2 09
SOCIAL SECURITY NUMBER	260 49 1792		

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	8:30	8:30	8:30	8:30	9:00		
TIME FINISHED	8:00	7:00	6:00	6:30	5:30	5:30		
LESS LUNCH	1	1	1	1	1	0		
TOTAL HOURS	10.5	9.5	8.5	9	8	8.5		54

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY	Taylor, Bean + Whitaker
ADDRESS	950 Grayson Hwy
CITY, STATE, ZIP	Lawrenceville GA 30052
NAME OF PERSON WORKED FOR	Daniel Schoning

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X [signature] 7/27

PRINT NAME Daniel E Schoning

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

651085 B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Penelope Tyson-Weeks

SOCIAL SECURITY NUMBER: 0 4 6 7 0 1 4 4 3 4

WEEK ENDING DATE SUNDAY: 07 25 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00	9:00	8:30		
TIME FINISHED	6:00	6:00	6:00	6:00	6:00	6:30		
LESS LUNCH	1.0	1.0	1.0	1.0	1.0	—		
TOTAL HOURS	8.0	8.0	8.0	8.0	8.0	10.0		50

EMPLOYEE'S SIGNATURE: Penelope Tyson-Weeks

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor Bean & Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, GA 30045

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X 7/27

PRINT NAME: Daniel E Schmaing

ASSIGNMENT COMPLETED RETURNING

ALL INFORMATION MUST BE PRINTED

404-848-0224 new fax
404-252-4405 fax

404-252-4336

Ty Abernethy

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]1792 Date: 07/30/09 Check No: 3673984

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/26/09	Taylor, Bean, & W	Reg	40	14	0	$16.50	$0.00	$0.00	0	$0.00	561092	$1,006.50
Total Earnings												**$1,006.50**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$62.40	$370.71	$5,979.22	0	$0.00
EMed	$14.60	$86.70	$5,979.22	0	$0.00
GASING	$35.39	$155.90	$5,979.22	6	$0.00
USS	$36.30	$53.15	$5,979.22	9	$0.00

YTDGross: $5,979.22

Net: $857.81

RBC Centura Bank, NC
66-85
531

DATE
07/30/09

CHECK #
3673984

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN: [redacted]4434 Date: 07/30/09 Check No: 3673987

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/26/09	Taylor, Bean, & W	Reg	40	10	0	$16.00	$0.00	$0.00	0	$0.00	560023	$880.00
Total Earnings												**$880.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$54.56	$425.32	$6,860.00	0	$0.00
EMed	$12.76	$99.47	$6,860.00	0	$0.00
GAMFJ	$42.34	$307.00	$6,860.00	2	$0.00
USM	$58.01	$293.74	$6,860.00	2	$0.00

YTDGross: $6,860.00

Net: $712.33

RBC Centura Bank, NC
66-85
531

DATE
07/30/09

CHECK #
3673987

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

CHASE Professionals

651511B

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Invoice Date	**08/06/09**
Customer #	**128351**
Invoice Amt	**2,926.14**
Invoice Number	**651511B**

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 08/02/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
08/02/09	Bates, Vickee	Loan Consultant	Reg	40.00	$26.19	1.50	$39.29	$1,106.54
08/02/09	Richards, Shannon	Loan Consultant	Reg	40.00	$22.77	0.00	$34.16	$910.80
08/02/09	Tyson-Weeks Penelope	Loan Consultant	Reg	40.00	$22.72	0.00	$34.08	$908.80

Please Pay **$2,926.14**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection, legal fees, usually 30% of the invoice amount.

651511 B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Vichel M. Bates

SOCIAL SECURITY NUMBER: 255 | 54 | 2457

WEEK ENDING: 7/31/09

DATE SUNDAY:

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8.5	8.3	8.3	8.3	8:3			
TIME FINISHED	5.0	5.0	5.0	5.0	5.0			
LESS LUNCH	0	30	0	.30	0			
TOTAL HOURS	8 5	8.0	8.5	8.0	8 5			41.5

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylorbean & Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville Ga 30045

NAME OF PERSON WORKED FOR

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions as listed above

X Jo Anne Patterson

PRINT NAME: JO ANNE PATTERSON

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

651511 B

404-252-4405

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Shannon Richards

SOCIAL SECURITY NUMBER: 2 6 0 4 9 1 7 9 2

WEEK ENDING DATE SUNDAY: 8 0 2

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	8:30	8:30	8:30	8:30			
TIME FINISHED	5:30	5:30	5:30	5:30	5:30			
LESS LUNCH	1	1	1	1	1½			
TOTAL HOURS	8	8	8	8	8			40

EMPLOYEE'S SIGNATURE: Shannon Richards

White - Payroll Dept. Copy · Yellow - Company Copy · Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean + Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville GA 30045

NAME OF PERSON WORKED FOR: Daniel Schoning

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 90 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X Dan Schoning

PRINT NAME: Daniel Schoning 7/31

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

651511 B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Penelope Tyson-Weeks

SOCIAL SECURITY NUMBER: 246 12 0144 34

WEEK ENDING DATE: SUNDAY 07 31 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:00	9:00	9:00	9:00	9:00			
TIME FINISHED	6:00	6:00	6:00	6:00	6:00			
LESS LUNCH	1.0	1.0	1.0	1.0	1.0			
TOTAL HOURS	8.0	8.0	8.0	8.0	8.0			40

EMPLOYEE'S SIGNATURE: Penelope Ty-Weeks

White - Payroll Check Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Bean & Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, GA 30045

NAME OF PERSON WORKED FOR:

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature indicates acceptance of terms and conditions

X 7/31

PRINT NAME: Denise E Schouing

ASSIGNMENT COMPLETED REMAINING

ALL INFORMATION MUST BE PRINTED.

404-348-0224 Fax
404-252-4405 fax
404-252-4336
Ty Abernethy

Branch: GA30
Phone: 404-252-4336

GA30

Name: Vickee Bates SSN: [redacted]2957 Date: 08/06/09 Check No: 3675932

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/02/09	Taylor, Bean, & W	Reg	40	1.5	0	$18.50	$0.00	$0.00	0	$0.00	559286	$781.63
Total Earnings												**$781.63**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$48.46	$511.05	$8,242.68	0	$0.00
EMed	$11.33	$119.52	$8,242.68	0	$0.00
GAHOH	$16.40	$129.44	$8,242.68	4	$0.00
USS	$22.76	$123.75	$8,242.68	7	$0.00

YTDGross: $8,242.68

Net: $682.68

RBC Centura Bank, NC
66-85
531

DATE 08/06/09

CHECK # 3675932

AMOUNT

PAY Six Hundred Eighty Two DOLLARS and Sixty Eight CENTS $682.68

TO THE ORDER VICKEE BATES
4740 Hearthstone Trace
Stone Mountain, GA 30083

Roy F. Abernathy

GA30

⑈3675932⑈ ⑆053100850⑆6010069439⑈

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]792 Date: 08/06/09 Check No: 3675534

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/02/09	Taylor, Bean, & W	Reg	40	0	0	$16.50	$0.00	$0.00	0	$0.00	561092	$660.00
Total Earnings												**$660.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$40.92	$411.63	$6,639.22	0	$0.00
EMed	$9.57	$96.27	$6,639.22	0	$0.00
GASING	$14.60	$170.50	$6,639.22	6	$0.00
USS	$0.00	$53.15	$6,639.22	9	$0.00

YTDGross: $6,639.22

Net: $594.91

RBC Centura Bank, NC
66-85
531

DATE
08/06/09

CHECK #
3675534

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN: [redacted]4434 Date: 08/06/09 Check No: 3675537

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/02/09	Taylor, Bean, & W	Reg	40	0	0	$16.00	$0.00	$0.00	0	$0.00	560023	$640.00
Total Earnings												**$640.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$39.68	$465.00	$7,500.00	0	$0.00
EMed	$9.28	$108.75	$7,500.00	0	$0.00
GAMFJ	$27.94	$334.94	$7,500.00	2	$0.00
USM	$22.01	$315.75	$7,500.00	2	$0.00

YTDGross: $7,500.00

Net: $541.09

RBC Centura Bank, NC
66-85
531

DATE
08/06/09

CHECK #
3675537

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

CHASE Professionals

651916B

P.O. Box 534501
Atlanta, GA 30353-4501
404-252-4336

Invoice Date	**08/13/09**
Customer #	**128351**
Invoice Amt	**1,313.18**
Invoice Number	**651916B**

Taylor, Bean & Whitaker
950 Grayson Hwy
Lawrenceville, GA 30045

Week ending Date: 08/09/09

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
08/09/09	Richards, Shannon	Loan Consultant	Reg	22.00	$22.77	0.00	$34.16	$500.94
08/09/09	Tyson-Weeks Penelope	Loan Consultant	Reg	15.50	$22.72	0.00	$34.08	$352.16
08/09/09	West, Nkenge	Loan Consultant	Reg	20.25	$22.72	0.00	$34.08	$460.08

Please Pay **$1,313.18**

NET DUE UPON RECEIPT OF INVOICE

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection, legal fees, usually 30% of the invoice amount.

651916 B

404.348.0224

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: Shannon Richards

SOCIAL SECURITY NUMBER: 260 49 1792

WEEK ENDING DATE SUNDAY: 8 09

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	8:30	8:30	8:30					
TIME FINISHED	5:30	6:00	3:00					
LESS LUNCH	1	1	1					
TOTAL HOURS	8	8.5	5.5					22

EMPLOYEE'S SIGNATURE: Shannon Richards

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor Bean + Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, GA 30045

NAME OF PERSON WORKED FOR: David Shaning

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments: Job Complete - Ended

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X [signature]

PRINT NAME: Daniel E Schaning

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

6519168

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME	Penelope Tyson-Weeks	WEEK ENDING	08 05 09
SOCIAL SECURITY NUMBER	0 4 6 7 6 4 4 3 4	DATE SUNDAY	

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED		4:00	8:00					
TIME FINISHED		6:00	3:00					
LESS LUNCH		.30	0					
TOTAL HOURS		8.5	7.0					15.50

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: Taylor, Beam & Whitaker

ADDRESS: 950 Grayson Hwy

CITY, STATE, ZIP: Lawrenceville, Ga 30045

NAME OF PERSON WORKED FOR

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature Represents actual date of hours and expenses as noted FYI.

X

PRINT NAME: Dennis E. Schomin

ASSIGNMENT COMPLETED RETURNING

ALL INFORMATION MUST BE PRINTED

404-348-0224 New fax

404-252-4405 fax

404-252-4336

Ty Abernethy

651916B

CHASE Accounting

chaseaccounting.com

EMPLOYEE'S NAME: NKenge West

SOCIAL SECURITY NUMBER: 2 5 9 6 7 0 2 2 2

WEEK ENDING DATE SUNDAY: 8 0 9

1. During the week indicated above I worked during the hours noted below.
2. A representative of the firm at which I worked has certified below to the period in which I worked.
3. I agree to inform CHASE Accounting when this assignment is finished and I am available.
4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.

	MON. 8-03	TUE. 08-04	WED. 8-05	THU.	FRI.	SAT.	SUN.	WEEKLY TOTAL TO NEAREST QUARTER
TIME STARTED	9:15	9:15	9:00					
TIME FINISHED	5:30	5:15	3:00					
LESS LUNCH	1	1	Ø					
TOTAL HOURS	7.25	7	6					20.25

EMPLOYEE'S SIGNATURE

White - Payroll Dept. Copy Yellow - Company Copy Pink - Employee Copy

CLIENT COMPANY: TBW

ADDRESS: 950 Grayson Hwy.

CITY, STATE, ZIP: Lawrenceville, GA. 30045

NAME OF PERSON WORKED FOR

1. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.
2. The hours are correct and the work was performed in a satisfactory manner.
3. Client is required to pay CHASE four (4) hours minimum per day worked per employee.
4. The client agrees that they will not accept the assignment of this person by another staffing service for 90 days. Should client accept the bid of a new vendor, CHASE reserves the right to be given 30 days notification.

Comments:

CUSTOMER'S APPROVAL BY (SIGNATURE)

Signature of client indicates acceptance of terms and conditions on reverse side.

X

PRINT NAME: Daniel E Schoonmaker

ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED.

Branch: GA30
Phone: 404-252-4336

MGA30

Name: Shannon Richards SSN: [redacted]1792 Date: 08/13/09 Check No: 3677657

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/09/09	Taylor, Bean, & W	Reg	22	0	0	$16.50	$0.00	$0.00	0	$0.00	561092	$363.00
Total Earnings												**$363.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$22.51	$434.14	$7,002.22	0	$0.00
EMed	$5.26	$101.53	$7,002.22	0	$0.00
GASING	$0.07	$170.57	$7,002.22	6	$0.00
USS	$0.00	$53.15	$7,002.22	9	$0.00

YTDGross: $7,002.22

Net: $335.16

RBC Centura Bank, NC
66-85
531

DATE
08/13/09

CHECK #
3677657

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER SHANNON RICHARDS
1005 Brushystone Dr.
Loganville, GA 30052

MGA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Penelope Tyson-Weeks SSN: [redacted]4434 Date: 08/13/09 Check No: 3677660

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/09/09	Taylor, Bean, & W	Reg	15.5	0	0	$16.00	$0.00	$0.00	0	$0.00	560023	$248.00
Total Earnings												**$248.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$15.38	$480.38	$7,748.00	0	$0.00
EMed	$3.60	$112.35	$7,748.00	0	$0.00
GAMFJ	$4.42	$339.36	$7,748.00	2	$0.00
USM	$0.00	$315.75	$7,748.00	2	$0.00

YTDGross: $7,748.00

Net: $224.60

RBC Centura Bank, NC
66-85
531

DATE
08/13/09

CHECK #
3677660

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER PENELOPE TYSON-WEEKS
1865 Silverstone Drive
Lawrenceville, GA 30045

GA30

Branch: GA30
Phone: 404-252-4336

GA30

Name: Nkenge West SSN: [redacted]0222 Date: 08/13/09 Check No: 3676901

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/09/09	Taylor, Bean, & W	Reg	20.25	0	0	$16.00	$0.00	$0.00	0	$0.00	559282	$324.00
Total Earnings												**$324.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$20.09	$540.87	$8,723.75	0	$0.00
EMed	$4.69	$126.49	$8,723.75	0	$0.00
GAHOH	$0.00	$159.45	$8,723.75	9	$0.00
USS	$0.00	$413.69	$8,723.75	9	$0.00

YTDGross: $8,723.75

Net: $299.22

RBC Centura Bank, NC
66-85
531

DATE 08/13/09

CHECK # 3676901

AMOUNT

PAY Two Hundred Ninety Nine DOLLARS and Twenty Two CENTS $299.22

TO THE ORDER NKENGE WEST
5110 Rock Place Dr.
Stone Mountain, GA 30087

Roy F. Abernathy

GA30

⑈3676901⑈ ⑆053100850⑆60100694 39⑈

CHASE Professionals

649022

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	07/02/09
Customer #	11406
Invoice Amt	$634.06
Invoice Number	649022

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:06/28/09						
06/28/09	Bennett, Karen	Administrative Assistant	Reg	36.44	$17.40	0.00	$26.10	$634.06

Please Pay **$634.06**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

Taylor Bear

NO. 6-28-09

NAME Karen Bennett

EXTRA TIME | REGULAR TIME

JUN 22 AM 8:39

8hrs. 44min

JUN 22 PM 5:33

9hrs. 19min

JUN 23 AM 8:37

JUN 23 PM 5:56

JUN 25 AM 8:08

9hrs. 38 min

JUN 25 PM 5:46

JUN 26 AM 8:35

9hrs. 3min

JUN 26 PM 5:38

6th DAY

7th DAY

X

TOTAL 36hrs 44min

TOPS FORM 1256 (10-E00292) MADE IN U.S.A.

50

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN: [redacted]9507 Date: 07/02/09 Check No: 3667085

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
06/28/09	Taylor, Bean, & W	Reg	36.44	0	0	$12.00	$0.00	$0.00	0	$0.00	558373	$437.28
Total Earnings												**$437.28**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$27.11	$353.13	$5,695.68	0	$0.00
EMed	$6.34	$82.59	$5,695.68	0	$0.00
GASING	$16.81	$209.83	$5,695.68	1	$0.00
USS	$31.69	$431.98	$5,695.68	1	$0.00

YTDGross: $5,695.68

Net: $355.33

RBC Centura Bank, NC
66-85
531

DATE
07/02/09

CHECK #
3667085

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05

CHASE Professionals

649421

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	07/09/09
Customer #	11406
Invoice Amt	$627.97
Invoice Number	649421

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:07/05/09						
07/05/09	Bennett, Karen	Administrative Assistant	Reg	36.09	$17.40	0.00	$26.10	$627.97

Please Pay **$627.97**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

Taylor Bean

NO.

PAY PERIOD ENDING
7-05-09

NAME Karen Bennett

EXTRA TIME		REGULAR TIME	
9hrs. 1min	1st DAY	JUN 29 AM 8:28	
		JUN 29 PM 5:29	
9hrs. 1min	2nd DAY	JUN 30 AM 8:32	
		JUN 30 PM 5:33	
9hrs. 9min	3rd DAY	JUL 1 AM 8:21	
		JUL 1 PM 5:30	
8hrs. 58min	4th DAY	JUL 2 AM 8:15	
	5th DAY	JUL 2 PM 5:13	
	6th DAY		
	7th DAY		

TOTAL 36hrs. 9min TOTAL

TOPS FORM 1256 (10-800292) MADE IN U.S.A.

Taylor Bean

47

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN: [redacted]9507 Date: 07/09/09 Check No: 3668660

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/05/09	Taylor, Bean, & W	Reg	36.09	0	0	$12.00	$0.00	$0.00	0	$0.00	558373	$433.08
Total Earnings												**$433.08**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$26.85	$379.98	$6,128.76	0	$0.00
EMed	$6.28	$88.87	$6,128.76	0	$0.00
GASING	$16.56	$226.39	$6,128.76	1	$0.00
USS	$31.06	$463.04	$6,128.76	1	$0.00

YTDGross: $6,128.76

Net: $352.33

RBC Centura Bank, NC
66-85
531

DATE
07/09/09

CHECK #
3668660

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05

CHASE Professionals

649812

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	07/16/09
Customer #	11406
Invoice Amt	$830.42
Invoice Number	649812

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:07/12/09						
07/12/09	Bennett, Karen	Administrative Assistant	Reg	40.00	$17.40	5.15	$26.10	$830.42

Please Pay **$830.42**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

PAY PERIOD ENDING
8-05-09

NO.

NAME Karen Bennett

EXTRA TIME		REGULAR TIME
	JUL 27 AM 8:10	
9hrs.	1st DAY	
	JUL 27 PM 5:10	
7hrs. 8min	JUL 28 AM 8:14	
	JUL 28 PM 3:33	
9hrs. 3min	JUL 29 AM 8:11	
	JUL 29 PM 5:14	
	JUL 30 AM 8:09	
9hrs. 9min		
	JUL 30 PM 5:18	
	JUL 31 AM 8:16	
9hrs. 6 min	4th DAY	
	JUL 31 PM 5:22	
	5th DAY	NOON
		A.M.
		P.M.

TOTAL: 43 hrs. 37 min +

USPS FORM 1256 (10-800292) MADE IN U.S.A.

60

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN: [redacted]9507 Date: 07/16/09 Check No: 3670231

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/12/09	Taylor, Bean, & W	Reg	40	5.15	0	$12.00	$0.00	$0.00	0	$0.00	558373	$572.70
Total Earnings												**$572.70**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$35.51	$415.49	$6,701.46	0	$0.00
EMed	$8.30	$97.17	$6,701.46	0	$0.00
GASING	$24.94	$251.33	$6,701.46	1	$0.00
USS	$52.00	$515.04	$6,701.46	1	$0.00

YTDGross: $6,701.46

Net: $451.95

RBC Centura Bank, NC
66-85
531

DATE
07/16/09

CHECK #
3670231

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05

CHASE Professionals

651020

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	07/30/09
Customer #	11406
Invoice Amt	$470.15
Invoice Number	651020

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:07/26/09						
07/26/09	Bennett, Karen	Administrative Assistant	Reg	27.02	$17.40	0.00	$26.10	$470.15

Please Pay **$470.15**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

PAY PERIOD ENDING

7-12-09

Taylor Bear

NO.

NAME Karen Bennett

EXTRA TIME		REGULAR TIME		
		A.M.		
9hrs. 28min	JUL 6 AM 8:29	1st DAY	NOON	IN / OUT
	JUL 6 PM 5:57			
9hrs. 14min	JUL 7 AM 8:17	2nd DAY	NOON	IN / OUT
	JUL 7 PM 5:31			
9hrs. 8min	JUL 8 AM 8:27			
	JUL 8 PM 5:35			
9hrs. 12min	JUL 9 AM 8:11			
	JUL 9 PM 5:23			
8hrs. 13min	JUL 10 AM 8:26	5th DAY		
	JUL 10 PM 4:39	6th DAY		IN / OUT
X		P.M.		
		A.M.		
		7th DAY	NOON	IN / OUT
X			A.M.	IN / OUT

TOTAL 45hrs 15min TOTAL

TOPS FORM 1255 (10-800292) MADE IN U.S.A.

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7

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN: [redacted]9507 Date: 07/30/09 Check No: 3673701

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
07/26/09	Taylor, Bean, & W	Reg	27.02	0	0	$12.00	$0.00	$0.00	0	$0.00	558373	$324.24
Total Earnings												**$324.24**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$20.11	$463.31	$7,472.70	0	$0.00
EMed	$4.70	$108.35	$7,472.70	0	$0.00
GASING	$10.03	$278.76	$7,472.70	1	$0.00
USS	$14.73	$562.92	$7,472.70	1	$0.00

YTDGross: $7,472.70

Net: $274.67

RBC Centura Bank, NC
66-85
531

DATE
07/30/09

CHECK #
3673701

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05

CHASE Professionals

651441

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	08/06/09
Customer #	11406
Invoice Amt	$787.35
Invoice Number	651441

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:08/02/09						
08/02/09	Bennett, Karen	Administrative Assistant	Reg	40.00	$17.40	3.50	$26.10	$787.35

Please Pay **$787.35**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

NO.

PAY PERIOD ENDING
7-26-09

Taylor Bean

NAME Kara Bennett

EXTRA TIME		REGULAR TIME			
				IN	OUT
9hrs. 4min	1st DAY	A.M.	JUL 20 A 13		
		NOON			
		P.M.	JUL 20 P 17		
	2nd DAY	A.M.			
		NOON			
		P.M.			
	3rd DAY	A.M.			
		NOON			
		P.M.			
9hrs 1min	4th DAY	A.M.	JUL 23 A 00		
		NOON			
		P.M.	JUL 23 P 01		
8hrs 57min	5th DAY	A.M.	JUL 24 A 10		
		NOON			
		P.M.	JUL 24 P 07		
	6th DAY	A.M.			
		NOON			
		P.M.			
	7th DAY	A.M.			
		NOON			
		P.M.			
TOTAL 27hrs. 2min		TOTAL			

TOPS FORM 1256 (10-800292)

MADE IN U.S.A.

38.

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN:[redacted]9507 Date: 08/06/09 Check No: 3675982

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/02/09	Taylor, Bean, & W	Reg	40	3.5	0	$12.00	$0.00	$0.00	0	$0.00	558373	$543.00
Total Earnings												**$543.00**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$33.66	$496.97	$8,015.70	0	$0.00
EMed	$7.88	$116.23	$8,015.70	0	$0.00
GASING	$23.16	$301.92	$8,015.70	1	$0.00
USS	$47.55	$610.47	$8,015.70	1	$0.00

YTDGross: $8,015.70

Net: $430.75

RBC Centura Bank, NC
66-85
531

DATE
08/06/09

CHECK #
3675982

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05

CHASE Professionals

651852

P.O. Box 534501
Atlanta, GA 30353-4501
Phone: 770-563-9998

Invoice Date	08/13/09
Customer #	11406
Invoice Amt	$333.21
Invoice Number	651852

Taylor, Bean & Whitaker
Mark King
1760 The Exchange
Suite 200
Atlanta, GA 30339

W/E Date	Emp Name	SkillCode	Pay Code	Reg Hours	Reg Rate	OT Hours	OT Rate	Total
		WeekendDate:08/09/09						
08/09/09	Bennett, Karen	Administrative Assistant	Reg	19.15	$17.40	0.00	$26.10	$333.21

Please Pay **$333.21**

Bill represents wages and is payable upon presentation.
If account goes to collections, client is responsible for collection/legal fees, usually 30% of the invoice amount.

NET DUE UPON RECEIPT OF INVOICE

NO. 8-9-09

NAME Karen Bennett

Taylor Bean

EXTRA TIME		REGULAR TIME	
4hrs. 2min	1st DAY	AUG 3 AM 8:11	
		AUG 3 AM 12:13	
9hrs 25min	2nd DAY	AUG 4 AM 7:56	
		AUG 4 PM 5:21	
5hrs. 48min	3rd DAY	AUG 5 AM 7:57	
		AUG 5 PM 1:45	
	4th DAY		
	5th DAY		
	6th DAY		
	7th DAY		
TOTAL 19hrs.		TOTAL	

FILL INSIDE OUT

TOPS FORM 1256 (10-800292) MADE IN U.S.A.

Branch: GA05
Phone: 770-563-9998

GA05

Name: Karen Bennett SSN: [redacted]9507 Date: 08/13/09 Check No: 3677361

Date	Customer	Type	RHrs	OH	DH	Payrate	Salary	AdjGrMisc	Units	URate	Asg#	TotalPay
08/09/09	Taylor, Bean, & W	Reg	19.15	0	0	$12.00	$0.00	$0.00	0	$0.00	558373	$229.80
Total Earnings												**$229.80**

Tax	Tax	YTDTax	YTDTaxable	Allow	AddWH
EFica	$14.25	$511.22	$8,245.50	0	$0.00
EMed	$3.33	$119.56	$8,245.50	0	$0.00
GASING	$4.37	$306.29	$8,245.50	1	$0.00
USS	$2.44	$612.91	$8,245.50	1	$0.00

YTDGross: $8,245.50

Net: $205.41

RBC Centura Bank, NC
66-85
531

DATE
08/13/09

CHECK #
3677361

AMOUNT

PAY XXXXXXXXXXXXXX VOID - Direct Deposit XXXXXXXXXXXXXX

VOID

TO THE ORDER KAREN ETOILLE BENNETT
3705 Reynolds Road
Douglasville, GA 30135-

GA05