

Ron Barch

From: Karen Nagy <karen@artmaterialsservice.com>
Sent: Thursday, January 24, 2013 12:20 PM
To: Ron Barch
Cc: Gerald Lee
Subject: Re: Paul Dulberg Subpoena (Follow-up)
Attachments: PAULDULBERG2011.pdf

Hello Ron: Please find attached the information you requested. Please note Mr. Dulberg worked for AMS for approximately 3 weeks.: 03/09/11 to 03/30/11

Karen Nagy
Art Materials Service
732.545.8888 ext 231

----- Original Message -----

From: Ron Barch
To: karen@artmaterialsservice.com
Sent: Thursday, January 24, 2013 11:53 AM
Subject: Paul Dulberg Subpoena (Follow-up)

Karen:

Please attach the subpoena response we discussed today regarding Paul Dulberg. The Word versions of the subpoena and letter are attached. We last spoke on this matter back in October. I do not have a record of ever receiving a response. Perhaps you sent one in response to Attorney Accardo's subpoena, but I did not receive a response to my subpoena. Thanks for the help.

Ronald A. Barch
Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)
Rb@cicerofrance.com

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3/9/11 - 3/30/11

Copy D For Employer
Form W-2 Wage And Tax Statement

2011

Department of the Treasury - Internal Revenue Service

A. Employee's social security number 323-76-4001		OMB No. 1545-0008		1 Wages, tips, other compensation 2,154.00	2 Federal income tax withheld 237.72	
B. Employer identification number 22-2159516		D. Control number 326 5		3 Social security wages 2,154.00	4 Social security tax withheld 90.47	
C. Employer's name, address, and ZIP code ART MATERIALS SERVICE INC 625 JOYCE KILMER AVENUE NEW BRUNSWICK, NJ 08901		8944A 47 22436		5 Medicare wages and tips 2,154.00	6 Medicare tax withheld 31.23	
				7 Social security tips	8 Allocated tips	
				9	10 Dependent care benefits	
E. Employer's name, address, and ZIP code PAUL DULBERG 4606 HAYDEN CT. MCHEBRY, IL 60051		11 Nonqualified plans		12 a-d See instructions for box 12		
		14 Other				
				13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		
15 State IL	Employer's state ID number 22-2159516 000	16 State wages, tips, etc. 2,154.00	17 State income tax 107.70	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy D For Employer
Form W-2 Wage And Tax Statement

2011

Department of the Treasury - Internal Revenue Service

\$12.00/Per hr. Rate \$ - 55.00

Form W-4 (2011)

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

Exemption from withholding: If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding.

Basic instructions: If you are not exempt, complete the Personal Allowances Worksheet below.

Complete all worksheets that apply. However, you may claim fewer for zero allowances.

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 dependents.

Tax credits: You can take projected tax credits into account in figuring your allowable number of 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.

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.

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.

Personal Allowances Worksheet (Keep for your records.)

Worksheet with lines A through H for claiming allowances. Includes instructions for dependents, marital status, and child tax credits.

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

Form W-4 Employee's Withholding Allowance Certificate. Includes fields for name, address, social security number, and allowances.



FAXSERVER TRANSMITTAL

DATE:	11/29/2012
TO:	AMS SCREW PRODUCTS
ATTN:	KAREN
FAX#:	17325459166
FROM:	COMPEX LEGAL SERVICES
ORDER#:	E39572 J

COMMENTS

PLEASE FAX ALL EMPLOYMENT AND PAYROLL RECORDS TO 855-818-5269 ALONG WITH THE AFFIDAVIT PAGE. THANK YOU

COMPEX LEGAL SERVICES

To ->

325 Maple Avenue,
Torrance, CA 90503
TEL 800-426-6739
FAX 800-479-3365 ✓

med

12/11/12

Application ^{Start} For Employment ^{3/9/11}

Proof Of Social Security # &
Citizenship Or Immigration
Status Required Upon
Employment

FAXED

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <u>Material Handler</u>	Date of Application <u>3-3-11</u>
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input checked="" type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other

Last Name <u>DULBERG</u>	First Name <u>PAUL</u>	Middle Name <u>R.</u>
Address <u>4006 HAYDEN Ct.</u>	City <u>McHENRY</u>	State <u>IL.</u>
Telephone Number(s) <u>847-497-4250 (4)</u>	Zip Code <u>60051</u>	Social Security Number <u>323 76 4001</u>

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work?

3-9-11

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School	Johnsburg		4	YES
Undergraduate College	McMurry	Political Science	3	NO
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK	ENGLISH		
READ			SPANISH / FRENCH
WRITE			SPANISH / FRENCH

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
1. <i>Sherr Printing Inc</i>			
Address <i>4606 HANCOCK CT. McHENRY IL</i>	<i>1/99</i>	<i>3/11</i>	<i>Designer/Pressman</i>
Telephone Number(s) <i>847-497-4250</i>	Hourly Rate/Salary		
Job Title <i>Designer/Pressman</i>	Starting	Final	
Supervisor <i>MIKE</i>			
Reason for Leaving <i>OUT OF BUSINESS</i>			
2. <i>INTERMATIC Incorporated</i>			
Address <i>7777 WILSON RD. Spring Grove IL</i>	<i>4/98</i>	<i>9/07</i>	<i>Designer/Pressman</i>
Telephone Number(s)	Hourly Rate/Salary		
Job Title <i>Designer/Pressman</i>	Starting	Final	
Supervisor <i>Wanda Grew</i>			
Reason for Leaving <i>Downsizing</i>			
3. <i>US Screw Prod</i>			
Address <i>2118 Highview Spring Grove</i>	<i>1944</i>	<i>1994</i>	<i>Material Handler/Parts</i>
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	<i>Shipping Receiving</i>
Supervisor <i>Joe/Richard Grew</i>			
Reason for Leaving			
4. <i>Employer</i>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ART MATERIALS SERVICE

Tel.732.545.8888 Fax.732.545.9166

NAME: Paul Dulberg

DATE: 3/3/11

- PLEASE SHOW YOUR WORK
- REDUCE FRACTIONS TO SIMPLEST FORM

1.
$$\begin{array}{r} 2590 \\ +1912 \\ \hline 4502 \end{array}$$

2.
$$\begin{array}{r} 80,913 \\ -3,136 \\ \hline 77,777 \end{array}$$

3.
$$\begin{array}{r} 294/27 \\ 10 \overline{) 294} \\ \underline{270} \\ 24 \\ \underline{27} \\ 3 \end{array}$$

$$\left(10 \frac{2}{3} \right)$$

4.
$$\begin{array}{r} 12 \\ 8,423 \\ \times 68 \\ \hline 67384 \\ 505380 \\ \hline 572764 \end{array}$$

5.
$$\begin{array}{r} 67 \\ +41 \\ \hline 108 \end{array}$$

6.
$$\begin{array}{r} 13 \\ 905 \\ \times 217 \\ \hline 6335 \\ 19050 \\ 184000 \\ \hline 196385 \end{array}$$

7.
$$\frac{556}{69} \approx 8.0$$

$$\left(8 \frac{4}{69} \right)$$

8.
$$\frac{2}{3} + \frac{7}{12} = \frac{4}{6} + \frac{7}{12} = \frac{8}{12} + \frac{7}{12} = \frac{15}{12} = 1 \frac{3}{12} = 1 \frac{1}{4}$$

9.
$$\begin{array}{r} 24,901 \\ -17,285 \\ \hline 7616 \end{array}$$

10. WHAT IS 20% OF 400? = 80



ATTN: Kaseo

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Paul Quilley
Signature of Applicant

3-3-11
Date

References

1.	<u>Joe Graves</u>	()
	(Name)	Phone #
	(Address)	
2.		()
	(Name)	Phone #
	(Address)	
3.		()
	(Name)	Phone #
	(Address)	

NOTES

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