



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

|                                  |                             |                         |                |                |                           |                  |          |
|----------------------------------|-----------------------------|-------------------------|----------------|----------------|---------------------------|------------------|----------|
| Last Name (Family Name)          |                             | First Name (Given Name) |                | Middle Initial | Other Names Used (if any) |                  |          |
| Address (Street Number and Name) |                             |                         | Apt. Number    | City or Town   |                           | State            | Zip Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number |                         | E-mail Address |                |                           | Telephone Number |          |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

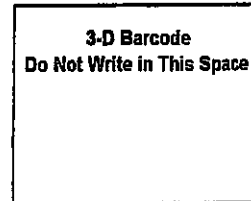
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

|                                      |  |                         |       |          |
|--------------------------------------|--|-------------------------|-------|----------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |       |          |
| Last Name (Family Name)              |  | First Name (Given Name) |       |          |
| Address (Street Number and Name)     |  | City or Town            | State | Zip Code |



*Employer Completes Next Page*



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

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity  | AND | List C<br>Employment Authorization    |
|---|----|---|-----|---------------------------------------|
| Document Title:                                 |    | Document Title:   |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority:  |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number:  |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):   |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:                                 |    | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode<br/>Do Not Write in This Space</b></p> </div> |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |
| Document Title:                                 |    |   |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

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

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

## LIVE NATION HARASSMENT/SEXUAL HARASSMENT POLICY

It is Live Nation Entertainment, Inc.'s (and all of its subsidiaries and affiliates including, but not limited to Live Nation Worldwide, Inc., Ticketmaster LLC, HOB Entertainment, Inc. and all of its subsidiaries and affiliates, collectively, "Live Nation") policy to provide everyone who works in any of our facilities with a workplace free of discrimination and harassment. Live Nation is committed to providing a work environment free from disrespectful and offensive behavior. In order to provide a pleasant, professional and productive work environment, it is important that we maintain an atmosphere characterized by mutual respect and professionalism at all times. Actions, words, jokes or comments based on an individual's sex (sexual harassment, gender harassment, and harassment due to pregnancy, childbirth or related medical conditions), sexual orientation, marital status, genetic information, gender identity, medical condition, disability, veteran status, race, color, national origin and ancestry, age, religion or other characteristics protected by state and federal law will not be tolerated, even if such behavior is not intended to be offensive or is not directed at a particular person. Unlawful harassment of employees in any form is unacceptable conduct and will not be tolerated. This policy applies to all employees and applicants for employment. It also applies to relationships with customers, vendors, and all other people related to our business.

Harassment or other offensive conduct may take many forms. It includes by way of example:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- Visual conduct such as derogatory posters, screen-savers, photography, cartoons, drawings or gestures;
- Physical conduct such as assault, blocking normal movement or interfering with work;
- Inappropriate e-mails or other written communications that contain messages, pictures, and descriptions or content that is anything other than professional in every respect; or
- Retaliation for having reported or threatened to report harassment.

The issue of sexual harassment warrants special mention. Sexual harassment is perhaps one of the most egregious forms of disrespect and is strictly prohibited by this policy. Sexual harassment has been defined as including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment,
- Employment decisions concerning an individual are based on whether the person submitted to or rejected the harassing action;
- Such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile, or offensive work environment.

It may also include, but not be limited to, actions such as: (1) sex-oriented kidding, teasing or jokes; (2) repeated offensive sexual flirtations, advances or propositions; (3) verbal abuse of a sexual nature; (4) sexually-graphic or degrading comments about an individual or his or her body or appearance; (5) the display of obscene or sexually-oriented pictures, photographs, objects or other

visual materials; and (6) physical contact, such as patting, hugging, pinching or brushing against another's body.

Whatever form it takes harassment is insulting and demeaning and undermines the employment relationship by creating an intimidating, hostile or offensive work environment and will not be tolerated. All employees must comply with these policies and take appropriate measures to prevent harassment from occurring. Violations of these policies may result in disciplinary action up to and including termination.

### **Procedures for Reporting Harassment**

If you feel that you have been the subject of sexual harassment or any other form of harassment prohibited by this policy, whether by a fellow employee or by any person who does business with Live Nation, promptly bring the matter to the attention of: (1) your immediate supervisor or manager; (2) your department head; and/or (3) Human Resources at 1-877-HR-LIVEN. Please refer to the Live Nation Employee Handbook and Code of Business Conduct and Ethics for more specifics about reporting any form of harassment and the remedies available to you if you feel you have been a victim of any form of harassment. You are also within your right to report complaints directly to an appropriate government agency, including the EEOC, DFEH or other state or local agency, or pursue your concerns through other legal avenues once you have filed a claim with an appropriate government agency.

A prompt and thorough investigation of any reported harassment will be conducted, and appropriate corrective action will be taken, if warranted. Every employee is expected, if requested, to cooperate fully in any investigation. Reports of harassment, as well as any other information provided during an investigation of harassment, will be kept confidential to the extent possible. However, it may at times be necessary to disclose such information in order to further the investigation or to take the appropriate corrective action.

Any individual found to have engaged in harassment prohibited by this policy will be disciplined, as appropriate, up to and including termination. Any other inappropriate or offensive conduct discovered during an investigation of reported harassment may also result in disciplinary action, up to and including termination, regardless of whether the conduct constitutes a violation of law or a violation of this policy. Additionally, if an investigation finds evidence that an employee made false claims against another for the purpose of maliciously harming that individual's employment or reputation, that employee will also be subject to disciplinary action up to and including termination of employment.

Any Employee who experiences further incidents of harassment or other inappropriate conduct at any time after reporting harassment should immediately notify the Human Resources Department.

### **Non-retaliation Policy**

Live Nation will not retaliate in any way against a employee, potential employee, or former employee for complaining of or reporting any form of harassment to Live Nation management or to any state or federal government agency, even if the report or complaint cannot be verified or confirmed. Employees who participate in the investigation of such a complaint or report of harassment are also protected against retaliation in any form. Retaliation against any individual for reporting harassment or other inappropriate conduct or for cooperating in any investigation will not be tolerated and will, itself, subject the individual to discipline up to and including termination.

# NC-4EZ Employee's Withholding Allowance Certificate

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_  
 \_\_\_\_\_ Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Married or Qualifying Widow(er)  
 First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ County (Enter first five letters) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (9999) \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

**FORM NC-4EZ:** Please use this form if you:

- Plan to claim the N.C. standard deduction
- Plan to claim no tax credits or only the credit for children
- Prefer not to complete the extended Form NC-4
- Qualify to claim exempt status (See lines 3 or 4 below)

**Important:** If you are a nonresident alien you must use Form NC-4 NRA.

You may complete Form NC-4, if you plan to claim N.C. itemized deductions, federal adjustments to income, or N.C. deductions.

If you do not plan to claim the credit for children, enter zero (0) on line 1. If you plan to claim the credit for children, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on line 1. For married taxpayers, only 1 spouse may claim the allowance for the credit for each child.

| Single & Married Filing Separately |                            | Married Filing Jointly & Qualifying Widow(er) |                            | Head of Household |                            |
|------------------------------------|----------------------------|---|----------------------------|-------------------|----------------------------|
| Income                             | # of Children under age 17 | Income  | # of Children under age 17 | Income            | # of Children under age 17 |
|                                    | 1 2 3 4 5 6 7 8 9 10       |   | 1 2 3 4 5 6 7 8 9 10       |                   | 1 2 3 4 5 6 7 8 9 10       |
|                                    | # of Allowances            |   | # of Allowances            |                   | # of Allowances            |
| 0-20,000                           | 0 1 2 3 4 5 6 6 7 8        | 0-40,000                                      | 0 1 2 3 4 5 6 6 7 8        | 0-32,000          | 0 1 2 3 4 5 6 6 7 8        |
| 20,001-50,000                      | 0 1 2 2 3 4 4 5 6 6        | 40,001-100,000                                | 0 1 2 2 3 4 4 5 6 6        | 32,001-80,000     | 0 1 2 2 3 4 4 5 6 6        |

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) \_\_\_\_\_

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) \_\_\_\_\_ .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:  
 • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and Check Here   
 • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability

4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of (Enter state of domicile) \_\_\_\_\_ Check Here

If line 3 or line 4 above applies to you, enter the effective year 20 \_\_\_\_\_

5. I certify that I no longer meet the requirements for exemption on line 3  or line 4  (Check applicable box) Check Here   
 Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2.

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, 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 can 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.

**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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

|          |  |                |
|----------|--|----------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br><ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> _____ |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> _____ |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> _____ |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> _____ |
| <b>F</b> | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul> | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►  | <b>H</b> _____ |

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 **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

|  |  |   |
|--|--|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2>Employee's Withholding Allowance Certificate</h2> <p>► 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.</p> | OMB No. 1545-0074<br><br><h1 style="font-size: 2em;">2015</h1>  |
| 1 Your first name and middle initial _____ Last name _____   |  | 2 Your social security number _____   |
| Home address (number and street or rural route) _____  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code _____  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____   |  | 5 _____   |
| 6 Additional amount, if any, you want withheld from each paycheck _____  |  | 6 \$ _____  |
| 7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption.<br><ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► |  | 7 _____   |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.  |  |   |
| Employee's signature<br>(This form is not valid unless you sign it.) ► _____   |  | Date ► _____  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____  |  | 9 Office code (optional) _____  |
|  |  | 10 Employer identification number (EIN) _____   |



# Personal Information Form

Date: \_\_\_\_\_ (Check One)  New Information  Change/Update Information

| PERSONAL INFORMATION   |           |                                  |                      |
|--|-----------|----------------------------------|----------------------|
| Legal Name* (Last, First, MI)  |           | Preferred Name (Last, First, MI) |                      |
| Last 4 Digits of SSN   |           | Birth Date                       |                      |
| Marital Status**<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner |           |                                  |                      |
| Citizenship  | Visa Type | Visa Number                      | Visa Expiration Date |

| ADDRESS/PHONE INFORMATION  |                        |                 |                    |
|--|------------------------|-----------------|--------------------|
| <i>please note that your paycheck will be mailed to the mailing address provided below</i> |                        |                 |                    |
| Home Address   |                        |                 |                    |
| 2 <sup>nd</sup> Address Line   |                        |                 |                    |
| City   |                        | State           | Zip Code           |
| Mailing Address  |                        |                 |                    |
| 2 <sup>nd</sup> Address Line (Mailing)   |                        |                 |                    |
| City (Mailing)   |                        | State (Mailing) | Zip Code (Mailing) |
| Home Phone Number  | Alternate Phone Number | E-mail Address  |                    |

| EMERGENCY CONTACT INFORMATION |              |              |                        |
|-------------------------------|--------------|--------------|------------------------|
| First and Last Name           | Relationship | Phone Number | Alternate Phone Number |
| First and Last Name           | Relationship | Phone Number | Alternate Phone Number |

| LICENSES/CERTIFICATIONS       |                       |        |       |             |                 |
|-------------------------------|-----------------------|--------|-------|-------------|-----------------|
| Name of Licensing Institution | License/Certification | Number | State | Date Issued | Expiration Date |
|                               |                       |        |       |             |                 |
|                               |                       |        |       |             |                 |
|                               |                       |        |       |             |                 |

| EDUCATION           |        |       |     |                   |
|---------------------|--------|-------|-----|-------------------|
| Name of Institution | Degree | Major | GPA | Mo/Year Graduated |
|                     |        |       |     |                   |
|                     |        |       |     |                   |
|                     |        |       |     |                   |

I certify that the information herein is true and correct to the best of my knowledge.

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

\* Name/Social Security Number changes require a copy of a social security card. Please attach.

\*\*A change in marital status may change your eligibility to your current benefits. If your state or federal tax information has changed, please update your State Tax and W-4 Form. These forms can be found on the Live Nation Intranet site under the Human Resources New Hire Paperwork section.

If you are an existing employee and are making changes to your information, you may fax this form directly to HRIS Seasonal at **1-866-936-0802**. Newly hired employees will need to complete this form in conjunction with their new hire paperwork and provide all of the information to their manager.



**Direct Deposit**  
Seasonal

|                |                       |
|----------------|-----------------------|
| Employee Name: | Last 4 Digits of SSN: |
| Employee No.:  | Office Telephone:     |

## ATTACH A VOIDED CHECK

**IMPORTANT:**

- We will NOT process this form without a voided check or bank documentation.
- Allow two pay periods for processing.
- No starter checks or deposit slips will be accepted.
- Notify Live Nation when you or your financial institution closes an account. Notification MUST be received by Live Nation five business days prior to the scheduled pay date. Failure to notify Live Nation within that time will result in a delay of your paycheck (five to ten business days).
- There will always be a one-pass test of the deposit before a deposit is made to the account. During the one-pass test, a manual check will be sent to the employee's work location.

|                          |   |
|--------------------------|---|
| <b>TRANSACTION TYPE:</b> | <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| <b>ACCOUNT:</b>          | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |
| <b>AMOUNT:</b>           | <input type="checkbox"/> FULL DEPOSIT <input type="checkbox"/> PARTIAL DEPOSIT \$   |
| <b>ROUTING NUMBER:</b>   |   |
| <b>ACCOUNT NUMBER:</b>   |   |

|                          |   |
|--------------------------|---|
| <b>TRANSACTION TYPE:</b> | <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| <b>ACCOUNT:</b>          | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |
| <b>AMOUNT:</b>           | <input type="checkbox"/> FULL DEPOSIT <input type="checkbox"/> PARTIAL DEPOSIT \$   |
| <b>ROUTING NUMBER:</b>   |   |
| <b>ACCOUNT NUMBER:</b>   |   |

I authorize Live Nation to deposit my pay each payday directly into the accounts named above. I understand these instructions will remain in place until changed by me in writing or until my financial institution has notified me that this deposit service has been terminated. This form authorizes Live Nation to recover any compensation or benefit related funds erroneously deposited into my account.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return completed form and voided check/bank documentation using one of the following options:

**EMAIL:** [HRISseasonal@livenation.com](mailto:HRISseasonal@livenation.com)  
**FAX:** (866) 936-0802  
**MAIL:** HRIS - 7060 Hollywood Blvd., Hollywood, CA 90028





# EEO Data Form

(Use the TAB key to navigate)

Live Nation Entertainment, Inc., including all of its subsidiaries and affiliates, including but not limited to Live Nation Worldwide, Inc., all House of Blues Entertainment Inc. related subsidiaries and affiliates and Ticketmaster LLC subsidiaries and affiliates ("Live Nation"), is an Equal Opportunity Employer. It is required to collect the following information. This data will assist us in meeting our reporting obligations as well as the goals of our Equal Employment Opportunity Program.

Completing this form is **not** a condition of employment with Live Nation and is **voluntary**. This form will be maintained in a separate file from your employment file. If you choose not to volunteer this information please check the "Decline to State" box under each applicable section.

The information you provide on this form is collected for statistical purposes only. This data will be kept confidential and will only be used in accordance with applicable state and federal laws and regulations.

|   |
|---|
| Legal Name (Last, First, MI)  |
| Location  |
| Position  |
| <b>GENDER DATA Please check one box</b>   |
| <input type="checkbox"/> Male   |
| <input type="checkbox"/> Female   |
| <input type="checkbox"/> Decline to State   |
| <b>DO YOU CONSIDER YOURSELF TO BE OF HISPANIC OR LATINO ORIGIN? Please check one box</b>  |
| <input type="checkbox"/> Yes  |
| <input type="checkbox"/> No   |
| <input type="checkbox"/> Decline to State   |
| <b>RACE/ETHNICITY DATA Please check appropriate box(es)</b>   |
| <input type="checkbox"/> White  |
| <input type="checkbox"/> Black or African American  |
| <input type="checkbox"/> Asian  |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  |
| <input type="checkbox"/> American Indian or Alaska Native   |
| <input type="checkbox"/> Two or more races (check as many above as apply)   |
| <input type="checkbox"/> Decline to State   |
| <b>VETERAN DATA Please check one box (See attached for explanations of each category)</b>   |
| <input type="checkbox"/> Vietnam Era Veteran - a person who served on active duty for more than 180 days and was discharged or released other than dishonorably, any time in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases; or was discharged or released from active duty for service connected disability if any part of such act of duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases. |
| <input type="checkbox"/> Disabled Veteran - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.  |
| <input type="checkbox"/> Recently Separated Veteran - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.  |
| <input type="checkbox"/> Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.   |
| <input type="checkbox"/> Other Protected Veteran - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.   |
| <input type="checkbox"/> N/A  |
| <input type="checkbox"/> Decline to State   |
| <b>DISABILITY DATA Please check one box</b>   |
| <input type="checkbox"/> Disabled   |
| <input type="checkbox"/> Not Disabled   |
| <input type="checkbox"/> Decline to State   |

EMPLOYEE SIGNATURE

DATE

human resources



**UNION EMPLOYEE  
CONSOLIDATED ACKNOWLEDGMENT FORM**

This document serves as an acknowledgment of Live Nation Entertainment, Inc.'s (and all of its affiliates and subsidiary employers including but not limited to Live Nation Worldwide, Inc., all subsidiaries and affiliates of House of Blues Entertainment, Inc. and Ticketmaster, LLC) (collectively, "Live Nation") Code of Business Conduct and Ethics, Employee Handbook, the Proprietary Information Agreement and Acknowledgment of Receipt of Harassment / Sexual Harassment Policy. Please read carefully and sign each section of this document.

|                            |                    |
|----------------------------|--------------------|
| <b>Print Employee Name</b> | <b>Employee ID</b> |
|----------------------------|--------------------|

**Code of Business Conduct and Ethics Acknowledgment - revision date 2/18/11**  
 I acknowledge that I have either received or been provided access to a copy of the Code of Business Conduct and Ethics of Live Nation ("Live Nation"). I understand that I am responsible for reading the Code of Conduct and for knowing and complying with its provisions, regardless of whether I am assigned to work at Live Nation or one of its subsidiaries or affiliates. I further understand that my failure to comply with the provisions of the Code of Conduct may result in discipline, up to and including termination of my employment, subject to the terms of my collective bargaining agreement. I acknowledge that the Code of Conduct does not create any contractual rights or obligations, express or implied, between me and Live Nation. As a union member referred to Live Nation, I understand that certain provisions of the code of conduct may not be applicable and that certain provisions of my collective bargaining agreement may prevail. If I have any questions relating to the Code of Conduct, I will either ask my union representative, union steward or follow the procedure in the "Asking for Help and Reporting Concerns" section contained in the Code of Conduct.

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

**Employee Handbook Acknowledgment - revision date 2/18/11**  
 I acknowledge that I have either received or been provided access to a copy of the Live Nation Employee Handbook. I understand that I am responsible for reading the Employee Handbook and for knowing and complying with the policies set forth in the Employee Handbook during my employment with Live Nation or with any subsidiary or other entity affiliated with Live Nation.  
 I further understand that the policies contained in the Employee Handbook are guidelines only and are not intended to and do not create any contractual rights or obligations, express or implied. If any of the policies in the Employee Handbook conflict with an applicable collective bargaining agreement or local, state, or federal laws, the applicable collective bargaining agreement and/or laws will supersede the Employee Handbook. I also understand that, except as provided in an applicable collective bargaining agreement or for items subject to negotiations under my union's collective bargaining agreement with Live Nation or any of its subsidiaries or affiliates, Live Nation has the right to amend, interpret, modify or withdraw any of the provisions of the Employee Handbook at any time in its sole discretion, with or without notice. Furthermore, I understand that, because Live Nation cannot anticipate every issue that may arise during my employment, if I have any questions regarding the Employee Handbook or any of Live Nation's policies or procedures, I should consult with my union representative, union steward or the Live Nation Human Resources Department.  
 I understand and agree that the terms of this Acknowledgment may not be modified or superseded except by a written agreement signed by me and Live Nation's Chief Executive Officer, that no other employee or representative of Live Nation has the authority to enter into any such agreement and that any agreement to employ me for any specified period of time or that is otherwise inconsistent with the terms of this Acknowledgment will be unenforceable unless in writing and signed by me and Live Nation's Chief Executive Officer. I further understand and agree that if the terms of this Acknowledgment are inconsistent with any policy or practice of Live Nation now or in the future, the terms of this Acknowledgment shall control.  
 Finally, I understand and agree that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) contains a full and complete statement of the agreements and understandings that it recites, that no one has made any promises or commitments to me contrary to the foregoing and that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Acknowledgment.

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

**Proprietary Information Agreement Signature - revision date 1/26/12**  
 I acknowledge that I have received a copy of the Proprietary Information Agreement, that I have had the opportunity to consult legal counsel concerning the agreement, that I have read and understand the agreement and that I am fully aware of its legal effect. I agree that by signing below I intend to create a legally binding contract and agree to be bound by the terms of the Proprietary Information Agreement, and I acknowledge that I have entered into it freely based on my own judgment and not on any representations or promises other than those contained in the agreement.

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

**Acknowledgment of Receipt of Harassment / Sexual Harassment Policy - revision date 10/11/11**  
 I recognize and understand the company is committed to providing a work environment that is free from discrimination or harassment, including sexual harassment. I further understand that the company not only supports the law on this issue but has made an organizational commitment to respect the diversity of all people and that as a Live Nation employee I am also making this a personal commitment. I am aware that I am expected to inform others in the workplace if I find their conduct to be offensive or unwelcome. I also understand that if I am uncomfortable confronting the issue directly that I may seek assistance and guidance from my supervisor and/or the Human Resources Department without fear of any negative consequences. I am aware that violations of this policy may subject me to disciplinary action, up to and including termination from employment. I acknowledge that I have received and understand my obligation to read, become familiar with and abide by the company's policy regarding harassment/sexual harassment, including the company's procedures for filing a complaint of harassment.

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

**Payroll Deduction Authorization  
Referral Service Charge**

I, \_\_\_\_\_, acknowledge that I have been employed by Live Nation, to provide temporary labor. I also acknowledge that my placement was made, in part, as a result of a referral by IATSE Local 322 in accordance with a separate agreement I have with that organization concerning referrals.

I understand that all wages earned by me in connection with my employment will be paid to me by Live Nation hereby direct and authorize Live Nation to withhold 5% of my gross wages per pay period for my employment in connection with the above matter, the amount of which will be paid to IATSE Local 322 on my behalf as a referral charge for my referral.

I understand that nothing in this authorization shall in any way change my employment status with Live Nation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature