CAVALIERS HOLDINGS LLC

NEW HIRE FORM - STAGEHAND

PART 1 (To be completed by team member)

NAME (First, Middle, Last)		SOCIAL SEC #	BIRTH DATE	GENDER ☐ Male ☐ Female
How do you wish to be addressed? (Example: Michael or Mike, Patricia or Pat, etc.)		MARITAL STATUS ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Domestic Partnership	ETHNIC ORIGIN ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Two or more races ☐ White	
STREET ADDRESS	APT. #			
CITY, STATE, ZIP CODE		MILITARY VETERAN ☐ Yes ☐ No		
COUNTY	PHONE NUMBER (w/Area Code)	E-MAIL		
EMERGENCY CONTACT #1:	RELATIONSHIP	PHONE NUMBER (w/Area Code)		
EMERGENCY CONTACT #2:	RELATIONSHIP	PHONE NUMBER (w/Area Code)		
TEAM MEMBER SIGNATURE		DATE		

PART 2 (To be completed by team member) Dependents/Family Members

NAME (First, Middle, Last)	RELATIONSHIP	ADDRESS	DATE OF BIRTH

PART 3 (To be completed by Human Resources/Payroll)

JOB TITLE Stagehand	**JOB CODE** STAGEH01	**TEAM MEMBER #**	**Effective Date**
TEAM LEADER Matt Miller	LOCATION: CLVSTF - OH Cleveland Staff	TEAM STAGE - Stagehands	**NEXT PAY REVIEW:** 7/1/2026

ENTITY AOP - Arena	**GL ACCT** DEP	**PAYROLL DEPT** 630100	**LOCAL UNION** Local 27	**TICKET GROUP** Employee 4

PAY RATE $36.11/hr. Rate 2 $34.52 (performance rate) Rate 3 $41.36 (high/low rigging) Rate 4 $42.11 (manager)	**PAY GROUP** BWHRLY – Bi Weekly Hourly	**DISTRIBUTION CENTER** TEAM – Team Members

SCHEDULED HOURS 40	**EARNING GROUP** All Earnings	**DEDUCTION BENEFIT GROUP** Stagehands

TEAM MEMBER TYPE RPT – Regular Part-Time	**Hourly/Salaried** Hourly	**FULL/PART TIME** Part Time	**Pay Automatically** No

HUMAN RESOURCES	**PAYROLL**

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

A VOIDED CHECK OR BANK LETTER MUST BE ATTACHED.

Effective Date:

Employee Name:	**Team Member ID:**
Address:	**City / State / Zip:**
Phone:	**Email:**

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

Section A

☐ **I request my paycheck to be direct deposited into the following account(s):**

BANK / CREDIT UNION	Routing#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	☐ $ _____ or ☐ _____%	☐ Savings ☐ Checking
	#	#	☐ $ _____ or ☐ _____%	☐ Savings ☐ Checking

PLEASE PROVIDE A VOIDED CHECK OR BANK LETTER FOR EACH ACCOUNT LISTED ABOVE.

AND / OR:

Section B

☐ **rapid! PayCard Issuance Authorization Form**

Financial Institution Name: MetaBank®

Routing Number: **124085244**

Direct Deposit Account Number: **353** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

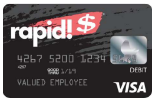
(Card ID on front of envelope)

To be assigned and entered by CAVALIERS HOLDING LLC

DEDUCTION AMOUNT / NET PAY

☐ $ _____

or ☐ 100%



The rapid! PayCard® Visa® Prepaid card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I authorize CAVALIERS HOLDING LLC to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize CAVALIERS HOLDING LLC to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify CAVALIERS HOLDING LLC in writing of my intent to cancel. Upon CAVALIERS HOLDING LLC's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize CAVALIERS HOLDING LLC to debit my account(s) not to exceed the original amount of the credit.

I understand that CAVALIERS HOLDING LLC reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: _____ Date: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.		
	a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000	**1a**	$
	b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	**1b**	$
	c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000	**1c**	$
2	Add lines 1a, 1b, and 1c. Enter the result here	**2**	$
3	**Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):		
	a Enter $6,000 if you are age 65 or older before the end of the year	**3a**	$
	b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	**3b**	$
4	Add lines 3a and 3b. Enter the result here	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	**5**	$
6	**Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:		
	a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income	**6a**	$
	b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately)	**6b**	$
	c **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	**6c**	$
	d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income	**6d**	$
	e **Other itemized deductions.** Enter the amount for other itemized deductions	**6e**	$
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	**7**	$
8	**Limitation on itemized deductions.**		
	a Enter your total income	**8a**	$
	b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	**8b**	$
9	Enter: { • $768,700 if you're married filing jointly or a qualifying surviving spouse; • $640,600 if you're single or head of household; • $384,350 if you're married filing separately }	**9**	$
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	**10**	$
11	**Standard deduction.** Enter: { • $32,200 if you're married filing jointly or a qualifying surviving spouse; • $24,150 if you're head of household; • $16,100 if you're single or married filing separately }	**11**	$
12	**Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly)	**12**	$
13	Add lines 11 and 12. Enter the result here	**13**	$
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	**14**	$
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	**15**	$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.

Department of Taxation

IT 4
Rev. 01/24

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See *The Finder* at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" ....._____
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" ....._____
3. Number of dependents ....._____
4. Total withholding exemptions (sum of line 1, 2, and 3) ....._____
5. Additional Ohio income tax withholding per pay period (optional) .....$_____

Section III: Withholding Waiver

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature Date

(Stagehands)

DUES ASSIGNMENT
LOCAL 27 I.A.T.S.E.

The undersigned hereby assigns to Local 27 of the International Alliance of Theatrical Stage Employees (I.A.T.S.E.), 5% of gross earnings, and authorizes and directs his/her employer to deduct such 5% of gross earnings from his/her wages and to remit the same to the said Union.

This assignment shall be irrevocable for a period consisting of either one year or until termination of the applicable collective bargaining agreement, whichever is sooner, and shall be automatically renewed, with the same irrevocability, for a successive like period unless terminated by the undersigned in writing not more than twenty nor less than ten days prior to the expiration of such period.

Employee Name (Please Print) _____ Employee Number _____

Signature _____ Date _____

i:\hr\forms\duesL27-stage

COMPANY RULES AND REGULATIONS

TO: NEW HIRES

FROM: PEOPLE AND CULTURE

To assure that you are aware of how you are to conduct yourself on the job and at the Arena, the following information is presented for your guidance. The guidelines below are not intended to be all-inclusive and may be amended or altered in the future. Engaging in the behavior listed (or other behavior not listed) may result in counseling, up to and including dismissal.
This example list is intended to serve only as a guideline; you may also be counseled or discharged for actions not specifically shown on the list or the counseling may be more or less severe, depending on the particular circumstances.

1. Inefficient or careless job performance; poor productivity; failure to do the amount or quality of work specified.
2. Failure to follow company or team policies and procedures, including failure to report an accident or follow safety procedures.
3. Absence from assigned work area without permission.
4. Substandard attendance, as outlined in the Attendance Policy and/or team guidelines.
5. Extended lunch or break periods; loitering during working hours.
6. Leaving premises before end of shift or without authorization of your team leader.
7. Absence from work without notifying your team leader in accordance with team procedures.
8. Failure to notify your team leader of any changes in address, telephone number, or schedule.
9. Improper conduct or dress on the job.
10. Failure to turn in lost articles, found while on duty, to your team leader.
11. Smoking in unauthorized areas.
12. Negligent use of Company property resulting in loss or damage.
13. Uncooperative work attitude.
14. Insubordination: refusal to perform a reasonable assignment.
15. Unauthorized soliciting.
16. Accepting gifts or gratuities.
17. Posting or removing items from Company bulletin boards without authorization of team leader.
18. Engaging in "horseplay" on Company time or Company premises.
19. Sleeping on duty.
20. Conduct prejudicial to the best interests of the Company.
21. Failure to report to work at the expiration of a leave of absence.
22. Working elsewhere during a leave of absence.
23. Dishonesty, misrepresentation or making a false statement.
24. Intentionally making false or malicious statements concerning any team member, the Company, its partners, or its services.
25. Harassment of individuals by words or signs relating to any differences (e.g., race, religion, ethnicity, gender, age, sexual orientation, etc.).
26. Sexual harassment of individuals (including unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature).
27. Any abuse (including verbal) of, fighting with, or instigating a fight with a team member, guest, or other visitor on Arena property.
28. The use, sale, passing or possession of illegal drugs or controlled substances on

Arena property; reporting to work under the influence of non-prescribed drugs or narcotics.

29. Reporting to work under the influence of alcoholic beverages, or possession of or drinking intoxicants on company property.
30. Possession of firearms or weapons on Arena property
31. Violation of criminal laws.
32. Using your ID card to gain access to a performance when you are not scheduled to work.
33. Violation of the Company ticket policies, particularly selling complimentary tickets.
34. Theft of Arena, team member, guest, or vendor property, or removal of Arena property without permission.
35. Immoral or lewd conduct on Arena property.
36. Deliberate misuse, destruction or damaging of any property belonging to the Arena, vendors, partners, guest, or any other team member.
37. Falsification of any company records, including, but not limited to, time sheets, employment applications or identification cards.

I have been given a copy of the above noted rules and regulations (FRONT/BACK) and understand that it is my responsibility to be aware of and adhere to them. If I have any questions, I will contact my team manager/leader. I am aware that Human Resources is available for further clarification.

_____ _____

Team Member's Signature Date

_____

Print Name

Respect and Inclusion in the Workplace Policy
Acknowledgement Form

I acknowledge and affirm that I have received a copy of Cavaliers Holdings' Respect and Inclusion in the Workplace policy, including the following component policies:

- Equal Employment Opportunity;
- Anti-Harassment, including Sexual Harassment;
- Reasonable Accommodation of Disabilities; and
- Anti-Retaliation.

I acknowledge that I am responsible for reading the Policy thoroughly and understanding its terms, requirements and prohibitions. I consent to, and agree to abide by, all the Policy's terms and conditions. I understand that:

- I have the right to work in an environment free from harassment
- I have a responsibility not to engage in behaviors that constitute harassment;
- If I feel I am being harassed, I have a duty to either communicate this directly to the harasser or to a non-involved team leader or other representative of management; and
- If I fail to follow the reporting procedures, my rights in pursuing legal action could be affected.

I agree that, if I have any questions in the future about the application or terms of the Policy, I will seek clarification from a member of the People and Culture Team.

_____ _____

Signature Date

_____

Print Name

ROCKET ARENA GAMING POLICY

We have established the following gaming policy at Rocket Arena (this replaces the gaming policy recently distributed):

Team Members, and those living in the same household (e.g., family, roommates), CANNOT place bets anywhere in Rocket Arena.

This means that Team Members CANNOT:

- place ANY sports bets on mobile apps (e.g., FanDuel, DraftKings, Caesars, betJack, etc.) while in Rocket Arena.

What can Team Members do?

- they CAN place sports bets* on any mobile apps but ONLY outside of Rocket Arena; and
- they CAN place sports bets* at retail sports betting locations, but ONLY outside of Rocket Arena.

*Excluding NBA League events or games (NBA, WNBA, NBAGL, NBA2KL, and BAL) and professional hockey events or games (AHL, NHL, ECHL, SPHL, and FPHL)

Remember, you are a representative of the organization, and your conduct not only reflects on you but also on the organization.

Violations of the Rocket Arena Gaming Policy will result in disciplinary action, up to and including termination of employment.

If you have any questions regarding the NBA Gaming Policy or the Rocket Arena Policy, please feel free to contact me (mmurray@cavs.com or 216-233-6035).

Meg Murray

EVP, General Counsel & Business Administration

PRINT NAME:_____

SIGNATURE:_____

Date: _____

Cavaliers Holdings LLC

WORKERS' COMPENSATION CLAIMS PROCESS

If you are injured on the job or have an illness resulting from your work, you may be entitled to workers' compensation benefits. Cavaliers Holdings LLC is self-insured for our Team Member work-related illnesses or injuries, and Spooner, Incorporated, as our Third-Party Administrator, assists us in managing our claims. All approved benefits related to a certified claim will be paid by Cavaliers Holdings LLC.

WHAT SHOULD I DO IF I HAVE A WORK-RELATED INJURY OR ILLNESS?

1) **The first thing you should do is notify your Team Leader!** Our policy requires that Team Members report all work-related illnesses or injuries immediately to their Team Leader, before leaving the building. Do not wait for a problem to develop- notify your Team Leader even if you think it does not require immediate treatment. You must complete paperwork before leaving the building, otherwise, there may be a dispute regarding the validity of a claim. When you complete your paperwork (available at the locations listed below), you will receive an Injury Packet that contains additional information for you and your medical provider.

2) As you go through the claims process, you may be required to give your employer's name. Be sure to use **Cavaliers Holdings LLC** (not Cleveland Cavaliers, Rocket Arena, Rocket Mortgage, Rocket Mortgage FieldHouse, Quicken Loans Arena, Quicken Loans, Cleveland Monsters, Cleveland Charge). Otherwise, your claim may be delayed or denied.

3) **If medical treatment is necessary, obtain it as soon as possible.** If you seek medical treatment (beyond First Aid at the arena), review your Injury Packet for additional information for you and your medical provider.

4) Injury Reporting forms are available as follows:

   Facilities Office
   Guest Services - Staff Services Office
   Housekeeping Office
   Security- Command Center
   People and Culture Office
   Cleveland Clinic Courts

Know your facts! Remember…

- Report any injury or illness to your Team Leader right away!
- You work for **Cavaliers Holdings LLC**
- If you have questions, contact Aysia Kemp, Senior People and Culture Coordinator (216-420-2554 or akemp@cavs.com)
- Our third-party administrator for our Self-Insured Program is Spooner, Incorporated. (Phone: 800-837-1103 or Fax: 440-249-5270)

SIGNATURE:_____ **DATE** _____

PRINT NAME:_____

Team Member Relationships

A romantic relationship exists when two individuals are romantically or sexually intimate, whether on a single occasion or on an ongoing basis.

Team Members may not have a romantic or sexual relationship with other Team Members where one individual in the relationship has authority over the other or whose terms or conditions of employment he or she may influence (such as promotion, termination, discipline, and compensation). In the event a Team Member engages in a relationship where one individual has authority over the other, the Team Member should contact the Executive Vice President, Chief People & Culture Officer Alberta Lee (alee@cavs.com, 216-420-2662) or the Senior Vice President of People & Culture Heather Brockler (hbrockler@cavs.com, 216-420-2214).

According to "League" rules, Team Members are prohibited from engaging in romantic relationships, with players, coaches, or other team personnel.

Team members must inform the People & Culture Team of previous romantic or dating relationships with other Team Members whose terms and conditions they may influence.

Team Members involved in a relationship (consensual or otherwise) covered by this policy may be asked to expressly acknowledge (in a form chosen and provided by the People & Culture Team) that their relationship is entirely consensual and free from coercion and harassment. Depending on the roles and location of the team members within the Company, one or both team members may be subject to demotion, transfer, discipline, or termination to remove the conflict of interest.

Updated: 7/1/24

Print Name: _____

Signature: _____ Date:_____

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Welcome To The Cavaliers Holdings, LLC Family!

Included you will find your copies of the Company Rules, Respect and Inclusion Policy, Perks, Workers' compensation policy and the Ticket Policy.

Welcome Aboard!
People and Culture Team

YOUR EMPLOYER INFORMATION

Employer Name:	CAVALIERS HOLDINGS, LLC
Employer Address:	One Center Court Cleveland, OH 44115-4001
Employer Phone Number:	(216) 420-2000
Employer Fax Number:	(216) 420-2235
Website:	rocketarena.com

WELCOME TO DAYFORCE | HCM

Dayforce Log In

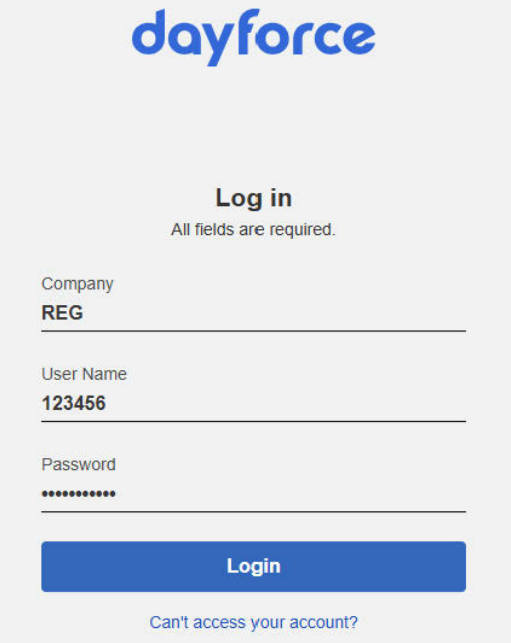
How do I log into Dayforce?

Log into Dayforce from dayforcehcm.com and enter the following information:

Company: REG

User Name: Your 6-digit employee

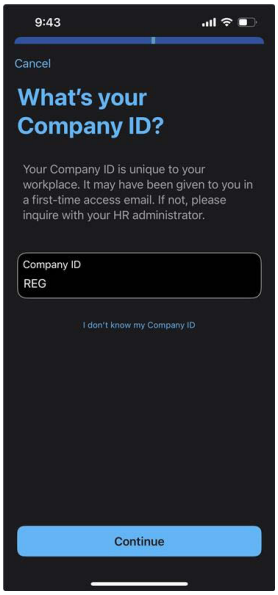
Password: Same password used to complete onboarding forms

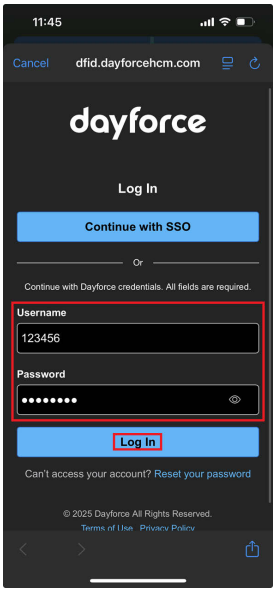


How do I log into Dayforce using the Dayforce Mobile App?

Download the Dayforce Mobile App from the android or iOS app store.

1. Launch the Dayforce App > Select **Log In.**
2. Enter our **Company ID:** REG
3. Select **Continue.**
4. **Username:** Your 6-digit employee #
5. **Password:** Same password used to complete onboarding forms
6. Select **Log In.**





Important Notes:

What do I do if I lose my password?

You can use the "Cant access your account?" feature on the login page or contact the People & Culture Team (peopleandculture@cavs.com) for assistance.

Who can I contact to ask questions about Dayforce?

Please contact the People & Culture Team with any questions at **peopleandculture@cavs.com.**

The password is case sensitive.

PAYROLL ONBOARDING

PAYMENT OPTIONS

Direct Deposit (Recommended)

- Direct deposit should be set up within **3 business days of onboarding.**
- If direct deposit information is not received by the payroll processing deadline a Rapid card will be issued.

Payroll Card

- If you do not have an account for direct deposit, we will issue a Rapid Card to you.
- Your paycheck will be deposited onto this card each pay period until/unless you provide alternative banking information.

Please provide one of the following for Direct Deposit Verification:

- Voided check
- Letter from your bank
- Screenshot from your mobile banking app showing the routing and account number

Notes:

- The account information must match the account you want to set up for direct deposit.
- If you use an online bank account, such as Chime (which operates through Bancorp or Stride Bank), the Payroll team may need additional verification.
  - ✓ You may receive an email from Cavspayroll@cavs.com asking you to confirm your account setup.
  - ✓ Please respond promptly so we can continue the approval process.

REQUIRED PAYROLL FORMS

- ✓ Form W-4 - Federal tax withholding
  - If you need assistance with your W-4 form, please consider accessing the IRS tax-withholding estimator at www.irs.gov/individuals/tax-withholding-estimator
  - If you're claiming dependents, please multiply the number of dependents by the appropriate $ amount to get the amount of the credit.
- ✓ State Tax Form - State withholding requirements
- ✓ Direct Deposit Authorization - Bank account setup

Notes:

- You can make changes and resubmit your tax forms as often as needed through the Hub.
- Please type your full name on the tax forms signature line before submitting. Any forms that are not signed or are completed incorrectly will be rejected and you will be asked to complete them again.

HELPFUL TIPS

- ✓ Update personal information promptly (address, phone, bank details).
  - Residence tax is deducted from your paycheck and is dependent on you keeping your address up to date.
- ✓ Access your Dayforce profile and select the option to receive an electronic copy of your W-2 *(instructions included on the following page).*
- ✓ Review your paystub every pay period.
- ✓ Report payroll errors immediately! If you have questions, go directly to your Team Leader first.
- ✓ Ask questions - we're here to help!

NEED HELP?

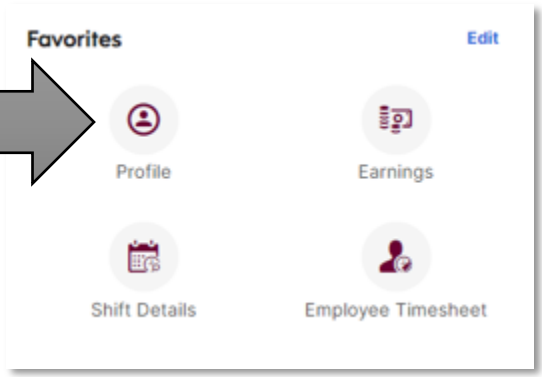
Contact us at cavspayroll@cavs.com

Benefits of Electronic W-2 Delivery:

- Receive your W-2 faster
- Access your documents anytime through Dayforce
- Secure and environmentally friendly
- No risk of lost or delayed mail

UPDATING YOUR W-2 DELIVERY METHOD

Navigate to the Favorites section and click on Profile.

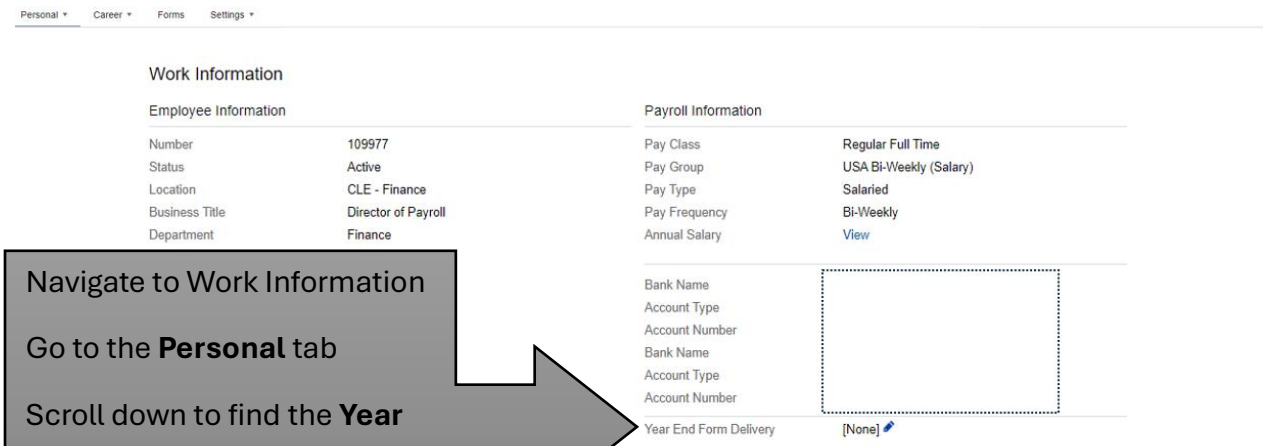


Navigate to Work Information

Go to the **Personal** tab

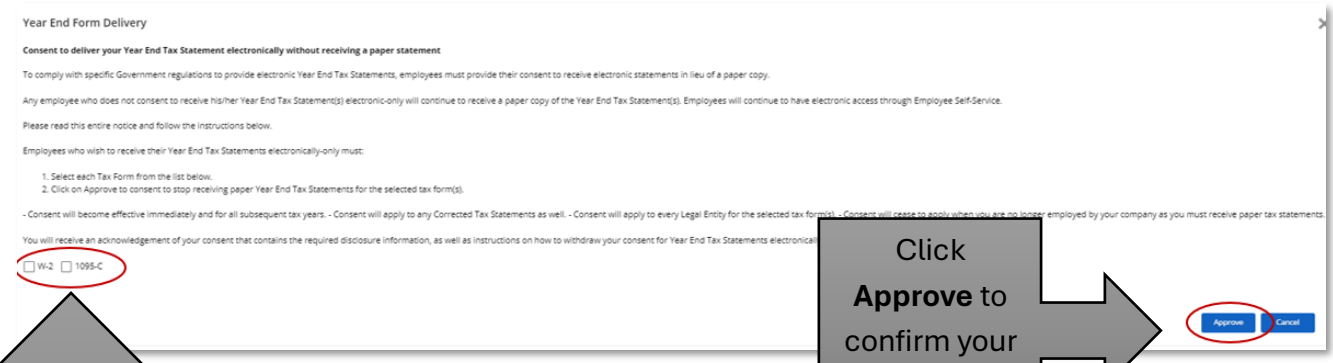
Scroll down to find the **Year End Form Delivery** section

Click the edit icon next to [None]



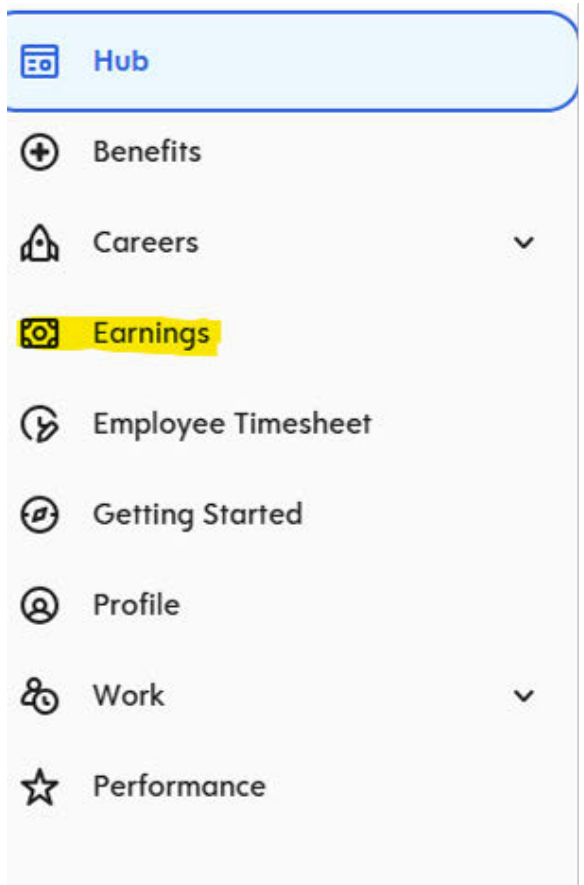
Check the box for **W-2 and 1095-C** to consent electronic delivery.

Click **Approve** to confirm your selection.



To access your W2 on Dayforce:

Go to the main menu in the top left corner.
Select Earnings
Select Year End Forms



Pay statements can be found under the Earning Statements tab.

2026 calendar year		
PAY DATE	**Pay Start Date**	**Pay End Date**
1/9/2026	12/14/2025	12/27/2025
1/23/2026	12/28/2025	1/10/2026
2/6/2026	1/11/2026	1/24/2026
2/20/2026	1/25/2026	2/7/2026
3/6/2026	2/8/2026	2/21/2026
3/20/2026	2/22/2026	3/7/2026
4/3/2026	3/8/2026	3/21/2026
4/17/2026	3/22/2026	4/4/2026
5/1/2026	4/5/2026	4/18/2026
5/15/2026	4/19/2026	5/2/2026
5/29/2026	5/3/2026	5/16/2026
6/12/2026	5/17/2026	5/30/2026
6/26/2026	5/31/2026	6/13/2026
7/10/2026	6/14/2026	6/27/2026
7/24/2026	6/28/2026	7/11/2026
8/7/2026	7/12/2026	7/25/2026
8/21/2026	7/26/2026	8/8/2026
9/4/2026	8/9/2026	8/22/2026
9/18/2026	8/23/2026	9/5/2026
10/2/2026	9/6/2026	9/19/2026
10/16/2026	9/20/2026	10/3/2026
10/30/2026	10/4/2026	10/17/2026
11/13/2026	10/18/2026	10/31/2026
11/27/2026	11/1/2026	11/14/2026
12/11/2026	11/15/2026	11/28/2026
12/24/2026	11/29/2026	12/12/2026

Respect and Inclusion in the Workplace

Cavaliers Holdings aims to provide a work environment that fosters fairness and respect for social and cultural diversity, and that is free from unlawful discrimination and harassment. A diverse workforce helps us "raise our level of awareness" and supports our obsession with "finding a better way." We believe that recognizing and respecting the strengths of a diverse group of talented Team Members results in new ideas and greater creativity. In turn, Team Members who have different experiences, perspectives and cultures enhance the knowledge base within the organization, which enables us to better understand and serve our diverse community of potential clients. .."every client, every time."

A culture of respect means that discriminatory, harassing or retaliatory conduct by Team Members, as well as by any third parties who do business with us, is unacceptable, whether on company property or in any work-related settings outside the workplace, including business trips, business meetings, and business-related social events. Besides being disruptive and demeaning, discriminatory, harassing or retaliatory conduct may also be in violation of federal, state and local laws, for which you may be personally liable. Regardless of the legal implications, violations may result in disciplinary action, up to and including termination of employment.

All Team Members are responsible for fostering mutual respect, for understanding and following this policy, and for refraining from conduct that violates this policy. Team Members are also expected to assist in enforcing the policy by promptly reporting any violations or suspected violations. Concerns or complaints about prohibited conduct outlined in this policy should be reported as outlined below.

Equal Employment Opportunity

It has been a long-standing company practice to offer fair and equal employment opportunities to Team Members and applicants. We do not permit discrimination against any individual on the basis of race, color, religion, national origin, age, sex (with or without sexual conduct), sexual orientation, gender identity and expression, marital or familial status, pregnancy, creed, ancestry, citizenship status, physical or mental disability, military or veteran status, or any other legally protected status or characteristic.

Instead, we seek to employ the best-qualified individuals who will make a solid contribution toward the Company's goals and exhibit the initiative, integrity, positive attitude and professionalism that are consistent with our values. We select, promote and train Team Members based on their experience, knowledge, skills and abilities; reward Team Members for their performance; and discipline Team Members based on their behavior.

Equal employment opportunity applies to all terms, conditions and privileges of employment, including, but not limited to hiring, training, placement and Team Member development, promotion, reclassification, transfer, recruitment, layoff and return from layoff, benefits, job assignments, Team Member facilities, and separation from employment.

Unlawful Harassment

To maintain a work environment that fosters fairness and respect, the Company strictly prohibits harassment on the basis of race, color, religion, national origin, age, sex (with or without sexual conduct), sexual orientation, gender identity and expression, marital or familial status, pregnancy,

creed, ancestry, citizenship status, physical or mental disability, military or veteran status, or any other legally protected status or characteristic.

Harassment is defined as any verbal or physical conduct that denigrates or shows hostility or aversion toward an individual and (1) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities. It is virtually impossible to prepare a comprehensive list of permitted and prohibited acts; however, for those seeking guidance for their actions, common sense is the best measurement of conduct to achieve appropriate behavior. Conduct which most people would find offensive is relatively easy to distinguish from simple business-related conversation.

Interaction that occurs in the workplace, however, often crosses into areas which are not as clear. Therefore, it is also important to consider your audience; be aware that your actions or comments may have a negative impact on someone else, even though it may not have been your intention to offend.

Harassing conduct can take many forms, some examples of which are:

- Verbal harassment, such as unwelcomed: jokes, epithets, slurs, or negative stereotyping; remarks about a person's body, physical characteristics or appearance; questions or remarks about a person's sexual, dating and/or romantic preferences or practices.
- Physical harassment, such as unwelcomed: physical interference with normal work; impeding or blocking movements; physical contact; pranks; staring at a person's body; threatening, intimidating or hostile actions; assault.
- Visual harassment: the creation, display or circulation in the workplace of any written or graphic material (including e-mails, social media, screen savers, memos, graffiti, pictures, cartoons, or drawings) that denigrates, ridicules or shows hostility or aversion toward an individual or group (including through use of the Company's computer, intranet, or e-mail systems).

Sexual Harassment

The Company does not and will not condone use of words or signs relating to sexual activities or unwelcome harassment of a sexual nature in any form. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute unlawful sexual harassment when:

1) Submission to sexual conduct is an explicit or implicit term or condition of employment.
2) The submission to or rejection of sexual conduct by an individual is the basis for any employment decision affecting that individual; or
3) When sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature have the purpose or effect of unreasonably interfering with an individual's work performance or create an intimidating, hostile or offensive environment.

Respect and Inclusion in the Workplace

Sexual harassment may include harassment of women by men, of men by women, and same-sex sex-based harassment. It may take the form of any of a range of subtle and not-so-subtle behaviors, including, but not limited to, the following:

- Physical sexual advances or other physical conduct, including impeding or blocking movement, hugs, caresses, neck and shoulder massages, and any other physical contact that is offensive to another person.
- Verbal sexual advances such as requests for sexual favors, offensive flirtations and propositions, and repeated and unwanted requests for dates.
- Verbal conduct such as sex-oriented "joking," "kidding," or "teasing;" making derogatory or sexual comments; using sexual epithets and slurs, whistling and cat calls; referring to another as "babe, "honey," or similar names; discussing your own sexual problems or experiences; discussing or asking questions about another's sexual experiences; and creating or sending obscene or sexually-oriented messages, memos, and letters, including those created on or sent by computer, e-mail, social media, text or voice mail.
- Non-verbal, communicative conduct such as leering; making sexual gestures; pointedly looking at another's body; and posting, showing, or circulating sexually suggestive objects, pictures, images, cartoons, calendars, magazines, or posters (including through use of the Company's computer, intranet, social media or e-mail systems).

The offensive conduct covered by this policy is not limited to work hours or the workplace. Unwelcome sexual advances will also not be tolerated off company premises or outside work hours. In general, if there is any doubt as to how a certain individual may react to a given form of conduct, you should take a conservative approach and avoid the conduct.

The Company believes that the best way to limit harassing conduct is to address it when it occurs, before a pattern of offensive conduct is established and a hostile work environment results. For example, a single ethnic, sexual, or racial epithet that offends a Team Member might not constitute illegal harassment under the law, but it is our view that such conduct is inappropriate and must stop. If you become aware of such misconduct, even if it does not seem particularly serious, you must report it as set forth below. In addition to reporting a problem, it is also helpful in cases where you believe you are being harassed to promptly advise the offender that his or her behavior is unwelcome and ask that it be discontinued. The offender may not be aware of the impact of his/her actions or comments and a simple statement communicating your discomfort may often be enough to solve the problem.

Anti-Bullying

The Company prohibits "bullying" of Team Members. Bullying is offensive, intimidating, malicious, unwelcome or insulting behavior that harms, intimidates, offends, degrades, threatens or humiliates an individual or creates a risk to the health or safety of the individual in the course of his or her employment. It can take the form of physical, verbal and non-verbal conduct directed at the individual and/or the individual's family. Examples of bullying include: (i) requiring an individual to engage in physical activity (e.g., confinement in a restricted area, consumption of a substance) that poses an unreasonable risk of harm or adversely affects health or safety; (ii) verbal abuse (including slurs or epithets) concerning an individual's status or characteristic protected by law; (iii) subjecting an

individual to extreme mental stress, embarrassment, or humiliation; (iv) using one's physical stature to intimidate, unduly influence, or threaten or humiliate another individual; (v) requiring an individual to unreasonably pay for goods, services, or expenses that are solely for the benefit of others; or (vi) requiring an individual to engage in any activity that violates the law or the Company's policies.

Reasonable Accommodation of Disabilities

The Company prohibits employment discrimination against any qualified Team Member or applicant because of such individual's disability or perceived disability. A qualified Team Member with a disability as defined by the federal Americans with Disabilities Act ("ADA") and other similar federal, state, and local laws who makes the Company aware of the disability, will be appropriately accommodated, provided that the accommodation does not constitute an undue hardship on the Company.

If you have a disability and believe that you need a reasonable accommodation to perform your job, we encourage you to contact the People and Culture Team and request reasonable accommodation. After receiving your request for an accommodation, the People and Culture Team and your Team Leader will meet with you to discuss and identify the precise limitations resulting from the disability and the potential accommodation that we might make to help overcome those limitations. When you request an accommodation, you may be asked to submit documentation from a health care provider identifying the disability, its functional limitations, and the need for accommodation. At our expense, we may require you to be examined by a health care provider of our choice to confirm the disability, its functional limitations, and the need for accommodation.

We will determine whether the requested accommodation can be made by considering various factors, including the nature and cost of the accommodation, the accommodation's impact on Company operations (including its impact on the ability of Team Members to perform their duties and on the Company's ability to conduct business), and the feasibility of other accommodations that would enable you to perform the job. We will advise you of the decision regarding your request for accommodation and how the accommodation is to be implemented. If the request for accommodation is denied, you may request reconsideration, in writing. If, on reconsideration, the request for accommodation is denied, that decision is final.

In considering requests for reasonable accommodation, the Company is not required to (1) provide the specific accommodation you request, (2) choose the best possible accommodation, (3) eliminate or reallocate essential functions of a Team Member's job, or (4) provide personal use items (for example, eyeglasses, hearing aids, wheelchairs, etc.).

Anti-Retaliation

The Company prohibits retaliation, which includes employment actions (such as demotion, salary reduction, or termination) that have no legitimate business justification, but may also include more subtle forms of behavior. You will not be subject to retaliation for honestly reporting incidents of discrimination or harassment, submitting a complaint of discrimination or harassment, or participating in an investigation of such a report. This also applies to reports or complaints based on incidents

which, in good faith, you perceive to be discrimination and/or harassment, as well as circumstances where, after investigation, we determine that no discrimination or harassment has occurred.

This Respect and Inclusion in the Workplace policy may not be used as a basis to bar individuals of any particular characteristic or group from participating in work-related activities (including those of a social nature). For example, a male Team Leader who is concerned that sexually-charged language might occur at a dinner would not be in compliance with this policy if he invited only male Team Members to the dinner, while excluding female Team Members.

Procedures for Reporting Discrimination or Harassment

If you believe that you have been denied equal opportunity or have been the object of unlawful harassment of any type, or if you believe you have witnessed or have knowledge about such conduct or behavior, you are required to take advantage of the procedures outlined here. Whether the alleged offender is, for example, a senior manager, a Team Leader, a fellow Team Member, or a vendor doing business with the Company, a report must be made. While all complaints and concerns will be addressed, we strongly urge prompt reporting so that immediate and constructive action can be taken to stop any misconduct.

Please follow the procedure outlined below to report situations involving discrimination or harassment, without fear of reprisal. We will make every effort to investigate and remediate complaints promptly with the utmost discretion.

- Report any actions or concerns to your immediate Team Leader and/or the People and Culture Team. Team Leaders are required to report any conduct that may violate this policy to the People and Culture Team.
- Everyone is accountable for following this policy. If your Team Leader is involved in the situation, report directly to the People and Culture Team for assistance (alee@cavs.com or 216-420-2662; hbrockler@cavs.com or 216-420-2214).
- The People and Culture Team will investigate your concerns, make a determination regarding resolution of the situation, and take appropriate corrective and/or disciplinary action.
- At all times, during the investigation and resolution, confidentiality and discretion will be maintained to the extent possible. Individual involvement in the investigation and information about action taken will be on a “need to know” basis or as otherwise required by law.
- Situations that arise with patrons, vendors and other outside personnel should also be addressed through the process described above. The Company is committed to seeking resolution of any issues and will work with our partners to assure that any concerns are addressed in a timely manner.
- Any questions regarding the Respect and Inclusion in the Workplace policy may be referred to the Executive Vice President, Chief People & Culture Officer Alberta Lee (alee@cavs.com or 216-420-2662) or any Member of the Senior Leadership Team.
- The availability of this complaint procedure does not preclude any individual who believes that he or she is being harassed from promptly (i) advising the offender that his or her behavior is unwelcome and (ii) asking that it be discontinued.
- Additionally, the NBA has created a hotline and process for all Team and league Team

Respect and Inclusion in the Workplace

Members to report workplace misconduct, including, but not limited to, sexual harassment, discrimination, and retaliation, as follows:

- Hotline Phone Number: 844-696-3682
- Availability: 24 hours a day, 7 days a week, 365 days a year
- Callers have the option to remain anonymous.
- Once reported, summaries are promptly sent to the NBA league office for further investigation.
- Callers are provided a report number and pin code to check the status of their report, and to add additional information if necessary.

Your first option remains to speak directly with the People and Culture Team or a Team Leader. If you are uncomfortable with discussing your concern in the manner described above in this policy, or if you prefer to remain anonymous when filing your report, you should use the NBA Workplace Hotline.

There is no reason for any Team Member to work under the duress that harassment may involve. Many avenues of relief are provided through this policy, and we encourage anyone experiencing difficulty in any form to bring it to the appropriate level of attention for action promptly.

Investigation of Complaint

The Company will conduct a prompt, thorough, and impartial investigation of all allegations of harassment, discrimination, or retaliation that are reported in accordance with these complaint procedures. The investigation may include review of any relevant documents and files, individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.

Addressing Violations of this Policy

The Company will take prompt and appropriate remedial action to address discriminatory, harassing, or retaliatory conduct and to prevent such conduct from occurring in the future. Responsive action may include, for example, training, referral to counseling, monitoring of the offender and/or disciplinary action such as warning, reprimand, withholding of a promotion or pay increase, reduction of wages, demotion, reassignment, temporary suspension without pay, or termination, as the Company believes appropriate under the circumstances.

Any individual who knowingly makes a false report or knowingly provides false information during an investigation will be subject to appropriate disciplinary action. Any individual with supervisory responsibility will be subject to disciplinary action if he or she does not report immediately conduct that may violate this Policy.