

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**  
For Privacy Act and Paperwork Reduction Act Notice, see page 2.

OMB No. 1545-0010  
**20**\_\_

|  |           |                               |
|--|-----------|-------------------------------|
| 1 Type or print 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>Note: 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 on your social security card, check here. You must call 1-800-772-1213 for a new 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 20\_\_, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and
- This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here . . . . .

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.  
(Form is not valid unless you sign it.)

Employee's signature  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 |
|---|--------------------------|-----------------------------------|