

Substitute Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct federal income tax from your pay. This form is designed for printing and physical submission.

1. First Name and Middle Initial

Last Name

2. Social Security Number

Home Address (Number and street or rural route)

3. Marital Status (Enter "Single", "Married", or "Married, but withhold at higher Single rate")

City or Town, State, and ZIP Code

Figure Your Withholding Allowances

5. Total number of allowances you are claiming (from the applicable worksheets)

6. Additional amount, if any, you want withheld from each paycheck

7. I claim exemption from withholding for the current year (Enter "EXEMPT" if you meet the conditions)

Signatures and Employer Info

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 (Sign after printing, or type name for digital signature) Date

8. Employer's Name and Address (For employer use only)

9. Office Code (optional)

10. Employer Identification Number (EIN)