

Exempt Employee Withholding Allowance Certificate

Complete this certificate if you claim exemption from withholding of federal and/or state income tax. Read the instructions carefully before claiming this exemption.

Part 1: Employee Information

First Name and Middle Initial <input type="text"/>	Last Name <input type="text"/>	Social Security Number <input type="text"/>
Home Address (Number and Street or Rural Route) <input type="text"/>		
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>

Part 2: Claim for Exemption from Withholding

To claim exemption, you must meet both of the following conditions. Write "EXEMPT" in the box below if you meet these conditions:

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

Enter "EXEMPT" here if you qualify:	<input type="text"/>
-------------------------------------	----------------------

Part 3: Certification and Signature

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I certify that I am entitled to claim exempt status.

Employee's Signature (Sign in ink on printed form) <input type="text"/> <small>Sign on printed copy</small>	Date (MM/DD/YYYY) <input type="text"/>
---	---

Part 4: Employer Section (For Employer Use Only)

Employer Name and Address <input type="text"/>	
First Date of Employment <input type="text"/>	Federal Employer Identification Number (FEIN) <input type="text"/>