

Company Name: _____

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

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

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2015

▶ 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.

| | | | | | |
|---|--|-----------|--|-------------------------------|--|
| 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. 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 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 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 ▶ | | | | 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

(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) | |
|---|--|--------------------------|--|---|--|

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form **W-4** (2015)

EMPLOYEE INFORMATION

GENERAL INFORMATION

Full Name: _____

(First, Middle, Last. Please copy it from employee's Social Security Card)

SSN: _____ Driver's License: _____ DOB: _____

Mobile: _____ Home: _____

Alt. Phone: _____ Email: _____

FOR ADMINISTRATION ONLY:

Employee ID: _____ (Last 4 digits of SSN)

Date of Hired: _____

Wages Rate/Hour: _____

Department: _____

Position: _____

Pay Frequent: _____ Weekly

_____ Every Two-week (bi-weekly)

_____ Twice-a-month (Semi-monthly)

_____ Monthly

Date of Termination: _____

Date Re-hired: _____

Document On File: I-9 W-4 DE4 Copy of SSN, Driver's License
 Employment Agreement Employment Application Notice to Employee

NOTE: _____