

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

# 2016

▶ **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.**

<b>1</b> Your first name and middle initial		Last name	<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)	<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck	<b>6</b>	\$		
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption.				
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>				
• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.				
If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b>		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶			<b>Date ▶</b>	
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

Form **W-4** (2016)

## 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:** \_\_\_\_\_