

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

2017

▶ **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 2017, 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)

Form **W-4** (2017)

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: _____