

## Employee's Withholding Exemption Certificate

Print your full name	Your Social Security number
Full Address (including ZIP code)	County/City of residence

State in which you are domiciled: \_\_\_\_\_

1. Total number of exemptions you are claiming from worksheet below: 1. \_\_\_\_\_

2. Additional withholding per pay period under agreement with employer: 2. \_\_\_\_\_

Under penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed in line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**Line 1**

- a. Number of personal exemptions (total exemptions on lines A, C and D of the federal W-4 or W-4A worksheet). a. \_\_\_\_\_
- b. Number of additional exemptions for dependents over 65 years of age b. \_\_\_\_\_
- c. Total -- add lines a and b and enter here and on line 1 c. \_\_\_\_\_

**EXEMPTIONS FOR DEPENDENTS** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year.