

COMPTROLLER GENERAL'S OFFICE

EMPLOYEE'S WITHHOLDING & DEDUCTIONS

PRINT OR TYPE

DEPARTMENT NAME _____		DEPT. NO (3 Positions) _____	
<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	EFFECTIVE DATE _____	
<input type="checkbox"/> (01) SOCIAL SECURITY _____			
<input type="checkbox"/> (02) NAME _____			
First	(20 Positions)	Middle Initial	Last (20 Positions)
<input type="checkbox"/> (03) STREET _____			
(25 Positions)			
<input type="checkbox"/> (04) CITY/STATE _____		<input type="checkbox"/> (05) ZIP _____	
(20 Positions)			
(06) MARITAL STATUS		NUMBER WITHHOLDING EXEMPTIONS	
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> (07) FEDERAL _____	<input type="checkbox"/> (08) STATE _____

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

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

For Privacy Act and Paperwork Reduction Act Notice, see reverse.

1 Type or print 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 <small>Note: if married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>			
City or town, state, and ZIP Code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card - - - - > <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) _____					5
6 Additional amount, if any, you want withheld from each paycheck _____					6
7 I claim exemption from withholding for 2003 and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> 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. 					7
If you meet both conditions, enter "EXEMPT" here _____ >					7
Under penalties or perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status					
Employee's signature > _____			Date > _____, 20__		
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____			9 Office code (optional) _____		10 Employer Identification number _____

INSURANCE AND OTHER DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above salary deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer.

Authorized Agency Signature

Title

Date

Employee's Signature