

# START SLIP W-4 FORM

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SEC. NO. \_\_\_\_\_ WEEK ENDING \_\_\_\_\_

OCCUPATION \_\_\_\_\_ UNION LOCAL \_\_\_\_\_

PHONE NO. \_\_\_\_\_ DAILY RATE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

JOB NO./TITLE \_\_\_\_\_

	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HRS	REG	1.5X	2X	OTHER	MP / NP
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											
TOTAL											

EMPLOYEE SIGNATURE \_\_\_\_\_ APPROVED BY \_\_\_\_\_

FORM <b>W-4</b>	Department of Treasury-Internal Revenue Service <b>Employee's Withholding Allowance Certificate</b>
<b>1</b> Type or print your full name _____ <b>2</b> Soc. Sec. # _____	
Home address (number and street or rural route) _____	
City or town, State, and ZIP code _____	
<b>3</b> Marital Status <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.	
<b>4</b> Total number of allowances you are claiming (from line F of the worksheet on page 2) .....	
<b>5</b> Additional amount, if any, you want deducted from each pay ..... \$ _____	
<b>6</b> I claim exemption from withholding because (see instructions and check boxes below that apply):	
<b>a</b> <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of all income tax withheld, AND	
<b>b</b> <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both <b>a</b> and <b>b</b> apply, enter the year effective and "EXEMPT" here ▶ <span style="border: 1px solid black; padding: 2px;">Year</span>	
<b>c</b> If you entered "EXEMPT" on line 6b are you a full-time student? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.	
Employee's signature ▶ _____ Date ▶ _____ . 20__	
<b>7</b> Employer's name and address (including ZIP code) (FOR EMPLOYER'S USE ONLY) <b>8</b> Office code <b>9</b> Employer identification #	