

COMPTROLLER GENERAL'S OFFICE

EMPLOYEE'S WITHHOLDING & DEDUCTIONS

PRINT OR TYPE

DEPARTMENT NAME _____		DEPT. NO (3 Positions) _____	EFFECTIVE DATE _____
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE			
<input type="checkbox"/> (01) EMPLOYEE ID _____			
<input type="checkbox"/> (02) NAME _____		Middle Initial _____	Last (20 Positions) _____
<input type="checkbox"/> (03) STREET _____		(25 Positions)	
<input type="checkbox"/> (04) CITY/STATE _____		<input type="checkbox"/> (05) ZIP _____	
(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** Employee's Withholding Allowance Certificate OMB No. 1545-0010

Department of the Treasury Internal Revenue Service 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 _____
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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.
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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"/>
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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 2000 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, enter "EXEMPT" here> 7

Under penalties of 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 _____
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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

Date

Title

Employee's Signature