

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



Knowledge to Go Places

221 Student Services Building  
Fort Collins, Colorado 80523

84-6000545

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FORM W-4

State Classified    Faculty/Professional    Grad Asst/Post Doc    Hourly Employee    Student Employee    VISA Type and Country:

1 Employee Name (First, Middle Initial, Last) – <b>as it appears on Social Security card</b>	2 Social Security Number
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Home address (number and street)	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>
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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 more information → <input type="checkbox"/>
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If working for CSU in another state, please name that state and attach information sheet.

5 Total number of allowances you are claiming (see instructions).....	5	
6 Additional amount, if any, you want deducted from each pay period.....	6	Federal \$ .
To cancel an existing additional deduction, enter 0. <b>Otherwise, leave blank.</b>		State \$ .

7 I claim exemption from withholding and I certify that I meet **BOTH** of the following conditions for exemption:

a. Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**

b. This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

**If you meet BOTH of the above conditions, enter "EXEMPT" here.** .....

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Note: Exempt status is only valid for the calendar year given and expires February 15th the following year.  
You must refile every year that you claim Exempt status.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ Home Dept \_\_\_\_\_ Phone \_\_\_\_\_