Disclaimer: The material contained herein is for informational purposes only and does not constitute tax advice.

- Complete the top portion with your information (name, address, Social Security number, etc)
- Check off one of the Marital Statuses: Single, Married, or Married but withhold at a higher single rate.
- Line 7: Enter EXEMPT
- <u>Do not</u> complete any additional lines if you are claiming EXEMPT, as this will invalidate the form.
- Make sure to sign and date the form as it will not be valid without your signature!

		Separate nere	and give Form w-4 to your er	iihiniai' veeh i	ine tob bart for your	1600140		
Form Department of the Treasury Whether you are entitled			re entitled to claim a certain numb	e's Withholding Allowance Certificate ed to claim a certain number of allowances or exemption from withho e IRS. Your employer may be required to send a copy of this form to the			OMB No. 1545-0074	
1	Your first name and middle initial Last name			2 Your social security number				
Joe S	S.		Student	Student		000-00-0000		
(Home address (r	Home address (number and street or rural route)			3 Single Married Married, but withhold at higher Single rate.			
123 Main Street				Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
	City or town, sta	te, and ZIP code	4 If your last name differs from that shown on your social security card,					
Baltimore, MD 21210				check here. You must call 1-800-772-1213 for a replacement card. ▶				
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5							
6	Additional amount, if any, you want withheld from each paycheck						6 \$	
7	I claim exemption from withholding for 2015, 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, write "Exempt" here							
Under	r penalties of per	ury, I declare that I have	ve examined this certificate and	, to the best of r	my knowledge and be	elief, it is true, co	orrect, and complete.	
Emple	oyee's signature	29						
(This form is not valid unless you sign it.) ▶						Date ▶		
8	Employer's nam	e and address (Employer:	Complete lines 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer id	dentification number (EIN)	
For P	rivacy Act and F	Paperwork Reduction	Act Notice, see page 2.		Cat. No. 10220Q	<u> </u>	Form W-4 (2015)	