

W4 Instructions – Claiming Allowances

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 5: Number of allowances you wish to claim
- Line 6: Any additional amount you wish to have withheld. **(optional)**
- Do not complete any additional lines if you are claiming allowances, as this will invalidate the form.
- Make sure to sign and date the form as it will not be valid without your signature!

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015
1 Your first name and middle initial Joe S.		Last name Student		2 Your social security number 000-00-0000
Home address (number and street or rural route) 123 Main Street		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.		
City or town, state, and ZIP code Baltimore, MD 21210		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 (see above)
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. <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. If you meet both conditions, write "Exempt" here <input type="checkbox"/>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <input type="checkbox"/>				Date <input type="checkbox"/>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	