form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

OMB No 1545-0010

2003

1 Type or print your first name and middle initial | Last name | 2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

Note: *If married, but legally separated, or spouse is a nonresident alien, check the single box.*

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 . . . . . ▶ ☐

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 2003, 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 have 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 . . . . . ▶ | 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status

Employee's signature
(Form is not valid
unless you sign it) ▶ Date ▶

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

BIRTHDATE			RACE	SEX	IF NON RESIDENT ALIEN
MONTH	DAY	YEAR	☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic ☐ White	M=MALE ☐ F=FEMALE ☐	CHECK VISA PREFIX ☐ F-1 ☐ J-1 ☐ COPY ATTACHED
CITIZENSHIP ☐ Y = YES ☐ N=NAME OF COUNTRY				DEPARTMENT	☐ CHECK IF FULL TIME STUDENT