form W-4	Employee's Withholding Allowance Certificate						OMB No 1545-0010	
Department of the Treasury				-			2003	
				Reduction Act Notice, see page 2.				
1 Type or print your first name and middle initial				ast name		2 Your so	cial security number	
Home address (number and street or rural route)				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.				
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 □				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)								
6 Additional amount, if any, you want withheld from each paycheck								
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								
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 sendir				a to the IRS	9 Office code	10 Employe	er identification number	
, ,				3	(optional)			
(Optional)								
BIRTHDATE				RACE	SEX		IF NON RESIDENT ALIEN	
MONTH	DAY	YEAR			_		CHECK VISA PREFIX	
				American Indian or Alaskan Native	M=MALE		F-1	
				Asian or Pacific Islander	F=FEMALE		J-1	
CITIZENSHIP				Black			COPY ATTACHED	
Y = YES				Hispanic	DEPARTMENT			
N=NAME OF COUNTRY				White			CHECK IF FULL TIME STUDENT	