Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2013

1	Your first name and middle initial	Last name		Your socia	our social 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 shown on your social security card, 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)									
6	Additional amount, if any, you want withheld from each paycheck									
7	I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.									
	 Last year I had a right to a refund of all federa This year I expect a refund of all federal incom 			• • •						
	If you meet both conditions, write "Exempt" here				7					
Und	der penalties of perjury, I declare that I have examine	ed this certificate	and to the best of my	y knowledge and b	elief,	it is true, co	rrec	t, an	d com	olete.
	ployee's signature is form is not valid unless you sign it.)▶		Date ▶							
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sen			ding to the IRS.)	9 Office code (optional)	10	Employer identification number (EIN				er (EIN)
Foi DX	r Privacy Act and Paperwork Reduction Act Notic	e, see page 2.		1	<u> </u>			F	orm W	-4 (2013)