

NEW EMPLOYEE INFORMATION

New Hire

Change Data

Rehire

Previous name, if different than W-4 below

SUPPLEMENTAL EMPLOYEE INFORMATION

Home Telephone: () _____ - _____

Date of Birth: _____

Sex: Male

Female

Marital Status: Married

Single

Race: White

Black

Hispanic

Asian

Hawaiian/Pacific Isl

Two or more Races

Not Reported

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Emergency Telephone No.: _____

EMPLOYMENT DATA—To be Filled out by EMPLOYER ONLY!

Job Title: _____

Hire Date: _____

Rate: _____
Circle one

Full-Time Part-Time Temp
Circle one

Shared Hours: _____

Union(s): _____

Dept #: _____

Home Job #: _____

DEDUCTIONS: Union Dues: _____

Med Ins W/H: _____

Dental Ins W/H: _____

Garnishment: _____

Pension W/H: _____

OTHER DEDUCTIONS: _____

HEALTH INSURANCE ELIGIBILITY: Yes No (Circle One)

Eligibility Date ____/____/____

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

2016

► 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.

1 Your first name and middle initial _____		Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____				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 _____				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 _____
6 Additional amount, if any, you want withheld from each paycheck					6 \$ _____
7 I claim exemption from withholding for 2016, 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. _____					7 _____

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.) ► _____

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 (EIN) _____