

**SUBSTITUTE W-4 INTERNAL REVENUE SERVICE**

1. Type or print first name, middle int. & last name	2. Soc. Sec. #				
Home address(number,street or RR#)	3. Marital Status  Single____  Married				
City, State and Zip Code					
4. Total number of allowances you are claiming.....					
5. Additional amount, if any you want deducted from each pay.....\$					
6. I claim exemption from withholding 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 liability. * This year I expect a refund of ALL Federal Income tax withheld because I expect to have no liability. If you meet all of the above conditions, enter the year effective and exempt here .....					
7. Are you a full-time student(not automatically exempt).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td align="center" colspan="2">20</td></tr> <tr><td align="center">Yes</td><td align="center">No</td></tr> </table>	20		Yes	No
20					
Yes	No				

**SUBSTITUTE IL-W4 STATE OF ILLINOIS DEPARTMENT OF REVENUE**

1. Number of personal and dependency exemptions you are claiming.....	
2. Additional amount if any you want deducted from each pay.....\$	
3. I claim exemption from withholding because: _____ A Illinois Income tax Liability is not expected this year. _____ Full-time student (Give Age _____). _____ Wages are exempt from withholding. Explain _____.	

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 \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_

**Office Use Only**

Hourly Rate	\$	Retirement rate	\$	Mileage reimburse	Yes	No	Child Support	Yes	No
Salary Rate	\$	Wage garnishment	\$	Insurance Pre tax			Union Dues		
Commission	\$	Loan repayment	\$	Insurance After Tax			Other		

