

Employee's Withholding Allowance Certificate

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. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| 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. <ul style="list-style-type: none"> • 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) |

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

Cat. No. 10220Q

Form **W-4** (2016)

Ohio

Department of
Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print Full Name _____ Social Security Number _____

Home Address and Zip Code _____

Public School District of Residence _____ School District No. _____

1. Personal exemption for yourself, enter 1 if claimed _____

2. If married, personal exemption for your spouse if not separately claimed (enter 1 if claimed) _____

3. Exemptions for dependents _____

4. Add the exemptions which you have claimed above and enter total, enter "1" if claimed _____

5. Additional withholding per pay under agreement with employer (enter "1" if claimed) _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____