

# FEDERAL TAX WITHHOLDING FORM

➤ YOU MUST FILL IN LINES: 1, 2, 3, 4, 5 AND 6

➤ IF YOU WOULD LIKE ADDITIONAL MONEY DEDUCTED, FILL IN THE LINE "ADDITIONAL WITHHOLDING PER PAY" WITH A DOLLAR AMOUNT (NOT A PERCENT), IN ADDITION TO LINES 1, 2, 3, 4, 5 AND 6.

➤ TO CLAIM EXEMPT FOR FEDERAL TAX YOU MUST FILL IN THE LINES NOTATED WITH AN (\*) IN ADDITION TO LINES 1, 2, 3, 4, 5 AND 6.

➤ IF YOU HAVE QUESTIONS TAKE THIS FORM TO YOUR TAX PREPARER

1	CISCO: _____		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	(please check)
2	Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>FEDERAL Employee Withholding Allowance Certificate</b>			Year _____
3	First Name _____	Last Name _____	Social Security Number _____		
4	Home Address (number and street or rural route) _____		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate.		
5	City or Town, State, and ZIP Code _____		Total Number of Allowances you are claiming _____		
*	If your last name differs from that on your social security card, call 1-800-772-1213 and check here: <input type="checkbox"/>		Additional Withholding Per Pay Period (Dollars) \$ _____		
*	I claim exemption from withholding (SEE BELOW) Mark with "E" for "Exempt"				
6	EXEMPT _____ YEAR				
Under the penalties of perjury, I certify that I am entitled to the number of Withholding Allowance claimed on this certificate, or if claiming Exemption from Withholding, that I am entitled to claim the Exempt Status. File this form with your Local Payroll Center; otherwise your withholding will be made as single with no dependents.					
Employee Signature: _____ Date: _____					
I Claim Exemption From Withholding and Certify that I meet <b><u>BOTH</u></b> of the Following Conditions For Exemption:					
*	<b>LAST YEAR I HAD NO TAX LIABILITY:</b>				
<input type="checkbox"/> Federal Income Tax					
<b><u>AND</u></b> had a right to a full refund of all income tax withheld, <b><u>AND</u></b>					
*	<b>THIS YEAR I EXPECT TO HAVE NO TAX LIABILITY:</b>				
<input type="checkbox"/> Federal Income Tax					
*	<input type="checkbox"/> <b><u>AND</u></b> expect to have a right to a refund of all income tax withheld.				
*	If you meet <b><u>BOTH</u></b> of the above conditions, enter "E" for "EXEMPT" on the line below and on the top of this form.				
_____ Federal Income Tax					
FOR OFFICE USE ONLY - EMPLOYER'S NAME AND ADDRESS			<b>NOTE:</b> Based on the number of Allowances (Exemptions) you are claiming, your Payroll Department may be required to send a copy of this form to the IRS. You may be required to file a revised form if your Allowances (Exemptions) decrease.		
Employer Identification Number 38- _____					