

COMPTROLLER GENERAL'S OFFICE EMPLOYEE'S WITHHOLDING & DEDUCTIONS

PRINT OR TYPE

Tech & Comp Education

H59

DEPARTMENT NAME

DEPT. NO (3 Positions)

NEW CHANGE

EFFECTIVE DATE _____

(01) SOCIAL SECURITY _____

(02) NAME _____
First (20 Positions) Middle Initial Last (20 Positions)

(03) STREET _____
(25 Positions)

(04) CITY/STATE _____ (05) ZIP _____
(20 Positions)

(06) MARITAL STATUS

NUMBER WITHHOLDING EXEMPTIONS

SINGLE MARRIED

(07) FEDERAL _____

(08) STATE _____

Form **W-4**
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

For Privacy Act and Paperwork Reduction Act Notice, see reverse.



1 Type or print your first name and middle initial _____ Last name _____ 2 Your 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 on your social security card, check here and call 1-800-772-1213 for a new card - - - - - >

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5 _____

6 Additional amount, if any, you want withheld from each paycheck 6 _____

7 I claim exemption from withholding for 2003 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, enter "EXEMPT" here _____ > 7 _____

Under penalties or perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status

Employee's signature > _____ Date > _____, 20____

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____ 9 Office code (optional) _____ 10 Employer Identification number _____

INSURANCE AND OTHER DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above salary deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer.



 Authorized Agency Signature

 Date

 Title

 Employee's Signature