	0	TATE OF FFICE OF COM UREAU OF S	/PTROL	LER	LS		W-4 EMPLOYEE: PLEASE COMPLETE UNSHADED AREAS ONLY									
	SOC. SEC. NUM. (9)					FIRST	NAME (14	4)	M.I. (1)	LAST NAME (1				(16)		
	ADDRESS (30)							CITY (15)			STATE (2) ZIP CODE (5 OR 9) OR FO				OREIGN COL	JNTRY (13)
	BIRTH DATE CODE (SEE MM   DD   YYYY BELOW			CODE	SEX (M=MALE) (F=FEMALE)			MARITAL STATU (S=SINGLE) (M=MARRIED) RRIED CLAIMING S		NUMBER OF W/H ALLOW. (2)	ADDITIONAL AMOUNT WHOLE DOLLARS		FOF OLC (4)	AGENCY USE ONLY ORGANIZATION L2 L3 (2) (2)		L3
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EXEMPTION FROM WITHHOLDING MAY BE CLAIMED ONLY IF:   Last year you had a right to a refund of ALL Federal income tax withheld because you had NO tax liability; AND   This year you expect a refund of ALL Federal income tax withheld because you expect to have NO tax liability.   If you meet both of the above conditions enter year effective and "EXEMPT".   RACE 1 = WHITE (NOT HISPANIC) 2 = BLACK (NOT HISPANIC)   CODES 3 = HISPANIC 4 = ASIAN OR PACIFIC   5 = AMERICAN INDIAN OR ISLANDER   ALASKAN NATIVE 8 = OTHER							ne eld nd	I claim exemptio exemption. <======= UNDER PENAL TO THE NUMB CERTIFICATE ( UNDERSTANI ON FEBRUARY	====>	EFFECTIVE YEAR ERJURY, I C HOLDING / ED TO CLAI Y EXEMPTIC	ERTIF <sup>1</sup> ALLOW M EXEI DN FRC	'EXEMP Y THAT I AM (ANCES, CL MPT STATU DM WITHOLI	ENTITLED AIMED ON TH S. DING EXPIRE	IIS		COMPTROLLER USE ONLY
If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information									SIGNATURE				/ / MM DD DATE SIGN	YY	_	FOR COM