

STATE / LOCAL FORM	EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE State and Local Income Tax Withholding Template	TAX YEAR _____
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PART 1: EMPLOYEE PERSONAL INFORMATION

First Name and Middle Initial _____		Last Name _____	Social Security Number _____
Home Address (Number and Street or Rural Route) _____			Date of Birth _____
City _____	State _____	Zip Code _____	County/Local District _____

PART 2: TAXING JURISDICTION & FILING STATUS

Withholding State (Two-Letter Abbreviation) _____	Withholding Local Jurisdiction (If Applicable) _____
Filing Status (Check box applicable to State/Local tax rules) <input type="checkbox"/> Single <input type="checkbox"/> Married / Joint <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of Household	

PART 3: WITHHOLDING ALLOWANCES AND DEDUCTIONS

Complete this section to determine the final amount of state and/or local tax withholding. Refer to state-specific allowance worksheets if required.

1. Enter the total number of allowances you are claiming for State/Local purposes	_____
2. Additional amount, if any, you want withheld from each paycheck (State)	_____
3. Additional amount, if any, you want withheld from each paycheck (Local)	_____
4. Exemption from Withholding (Write "EXEMPT" if you meet the requirements for exemption under local/state tax laws) _____	

PART 4: EMPLOYEE CERTIFICATION

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 Signature	Date

PART 5: EMPLOYER INFORMATION (FOR EMPLOYER USE ONLY)

Employer Name and Address <hr/> <hr/>		Federal Employer Identification Number (FEIN) <hr/> State Employer ID Number (SEN) <hr/>
Office / Branch Code <hr/>	Date Employed <hr/>	Payroll Frequency (e.g., Weekly, Bi-weekly, Monthly) <hr/>