HOURLY EMPLOYEE WAGE WITHHOLDING ALLOWANCE RECORD

Payroll & Tax Administration Department

EMPLOYER INFORMATION

Company Name: **FEIN:**

Address:

EMPLOYEE INFORMATION

Employee Name: **SSN:**

Address:

Hourly Pay Rate: $ **Job Title:**

MARITAL STATUS FOR WITHHOLDING

☐ Single ☐ Married filing jointly ☐ Head of household

WITHHOLDING ALLOWANCES

Allowance Type	Federal	State
1. Total number of allowances claimed		
2. Additional amount, if any, to be withheld from each pay ($)		
3. Claim exemption from withholding (Write "EXEMPT" if eligible)		

EMPLOYEE SIGNATURE & AUTHORIZATION

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. I authorize my employer to withhold the specified amounts from my hourly wages in accordance with the selections detailed above.

Employee Signature: **Date:**