SALARY WAGE WITHHOLDING ALLOWANCE DECLARATION FORM

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct amount of federal/state income tax from your pay. Keep a copy for your records.

1. PERSONAL INFORMATION

Full Name			
Home Address			
Social Security No. / ID		**Date of Birth**	
Marital Status	☐ Single ☐ Married ☐ Married, but withhold at higher Single rate		

2. WITHHOLDING ALLOWANCES CLAIMED

Item	Allowance Description	Number / Amount
A	Enter "1" for yourself if no one else claims you as a dependent	
B	Enter "1" if you are married, have only one job, and your spouse does not work	
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job	
D	Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return	
E	Enter "1" if you will file as head of household on your tax return	
F	**Total Number of Allowances:** Add lines A through E and enter total here	
G	**Additional Amount:** Additional amount, if any, you want withheld from each paycheck	

3. EMPLOYEE DECLARATION & SIGNATURE

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 (MM/DD/YYYY)

4. EMPLOYER USE ONLY

Employer Name			
Employer Address			
Date of Employment		**Federal Employer ID (FEIN)**	

This document is retained by the employer for payroll and withholding tax record-keeping purposes.