

# Employee's Withholding Allowance Certificate

**2015**

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
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Home address (number and street or rural route)	<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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City or town, state, and ZIP code	<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
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<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2) . . .	<b>5</b>
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<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .	<b>6</b> \$
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**7** I claim exemption from withholding for 2015, 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, write "Exempt" here . . . . . ▶ **7**

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.

<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶	
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	