



STUDENT EMPLOYMENT PAYROLL FORM

Career Services
 E334 Student Union
 775-2326

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate		Year _____
1 Type or print your first name and middle initial _____		Last name _____	2 Your social security number / /
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>	
City or town, state, and ZIP code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card. <input type="checkbox"/>	
5 Total number of allowances you are claiming		5	
6 Additional amount, if any, you want withheld from each paycheck		6	\$
7 I claim exemption from withholding, 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, enter "EXEMPT" here		7	
Under penalties or perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.			
Employee's signature ► _____		Date ► _____, 19____	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) Wright State University 3640 Colonel Glenn Highway, Dayton, OH 45435		9 Office code (optional) _____	10 Employer identification number . . .

State of Ohio Employee's Withholding Exemption Certificate

Public school district of residence _____ School District Number _____

1. Personal exemption for yourself, enter "1" if claimed _____

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____

3. Exemptions for dependents _____

4. Add the exemptions which you have claimed above and enter total _____

5. Additional withholding per pay period under agreement with employer _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

STUDENT SIGNATURE: _____

Local Taxation for Payroll Withholding

The municipality I live in that HAS a city income tax is _____

The municipality I live in that has NO city income tax is _____

I do not live within a municipality. Name township or county _____

STUDENT SIGNATURE: _____