

# W-4 Form - Federal & State Employee's Withholding Allowance Certificate

**Please Print Legibly**

(Please print your name as it appears on your Social Security Card)

|                                       |                       |         |          |
|---------------------------------------|-----------------------|---------|----------|
| <b>1. U.S. Social Security Number</b> | <b>2. Name</b> (Last) | (First) | (Middle) |
|---------------------------------------|-----------------------|---------|----------|

If your name differs from that on your Social Security Card, check here and call 1-800-772-1213 for a new card.

|   |   |   |
|---|---|---|
| <b>3. Birth date</b> (Month-Day-Year)                                       | <b>4. Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | Check if you are a student <input type="checkbox"/> |
| <b>All male students must complete the Selective Service form on Page 2</b> |   |   |

**5. Marital Status - For Tax Withholding (Check only one)**

Single     
  Married     
  Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box

**Complete Box 6 and 7, OR Box 8 -- Not Both**

|   |   |       |    |  |   |         |    |       |    |  |  |  |  |
|---|---|-------|----|--|---|---------|----|-------|----|--|--|--|--|
| <b>6. Allowances</b> (See Page 2 for instructions)<br>Enter total number of allowances you are claiming   | <b>7. Additional Tax</b> , if any, you want withheld from each paycheck |       |    |  |   |         |    |       |    |  |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Federal</td> <td style="text-align: center; border: none;">State</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table> | Federal   | State |    |  | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Federal</td> <td style="text-align: center; border: none;">\$</td> <td style="text-align: center; border: none;">State</td> <td style="text-align: center; border: none;">\$</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> <td style="text-align: center; border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table> | Federal | \$ | State | \$ |  |  |  |  |
| Federal   | State   |       |    |  |   |         |    |       |    |  |  |  |  |
|   |   |       |    |  |   |         |    |       |    |  |  |  |  |
| Federal   | \$  | State | \$ |  |   |         |    |       |    |  |  |  |  |
|   |   |       |    |  |   |         |    |       |    |  |  |  |  |

**8. Claiming Exempt** (Exempt status expires February 15) See page 2 for Instructions  
 I claim exemption from withholding this year and I certify that I meet the tax liability conditions for exemption. (See page 2 for conditions)

To claim exempt for Federal Tax liability, write "EXEMPT" here. \_\_\_\_\_

To claim exempt for State Tax liability write "EXEMPT" here. \_\_\_\_\_

If you claim "exempt" this form will be forwarded to appropriate taxing agency

**9. Non-Resident of Wisconsin**

I declare that while working in Wisconsin, I am a legal resident of the state indicated below, and that I am not subject to Wisconsin income tax withholding in accordance with a reciprocal tax agreement.  
 Check appropriate box:

Indiana     
  Kentucky     
  Michigan     
  Illinois

Minnesota (Minnesota residents must also complete W-222 and submit with this form)  
 Expires January 31st each year

|  |             |              |            |
|--|-------------|--------------|------------|
| <b>10. Permanent Address, Street, Apt # (W-2 Mailing purposes)</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |
|--|-------------|--------------|------------|

11. Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or if claiming exemption from withholding that I am entitled to claim the exempt status.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**International Visitors Complete the Following**

|   |                             |                                |
|---|-----------------------------|--------------------------------|
| <b>Visa Type</b> (If a permanent resident with a Green Card, write "Green Card" and date issued.) | <b>Country of Residence</b> | <b>Date of Arrival in U.S.</b> |
|---|-----------------------------|--------------------------------|

All international students/visitors must also complete the Alien Tax Information Request Form UW1123.

- If you are receiving money that should be tax free under a tax treaty, you must also complete Form 8233 (Wages) and the appropriate Revenue Procedure Statement 87-8 or 87-9.

**(All forms for International students are available in the Payroll Office, 202 Brigham)**

**Allowances - Box 6**

Use the following guidelines to determine the allowances you may claim and enter the totals on Form W-4, Box 6. If you claim "Exempt" from federal or state withholding in Box 8, Box 6 and 7 must remain blank (see paragraph below). In general, you may claim one allowance for each of the following:

- for yourself if no one else is claiming you as a dependent
- for your spouse if spouse does not work
- for each dependent
- if you are single and have only one job
- maximum allowances of 10 can be claimed without IRS notification.

If you expect to itemize deductions, or to claim adjustments to our income such as child care on your tax return, a W-4 worksheet is available at your payroll office to help you figure the number of withholding allowances you are entitled to claim.

**Exempt - Box 8**

If you can be claimed as a dependent on someone else's tax return and your non-wage income (interest on savings, etc) plus your wages are expected to be more than \$750 (state) and \$800 (federal) you are not eligible to claim exempt.

**Conditions for claiming exempt:**

- You may claim exempt from Federal tax if you had no tax liability last year and expect none in the current tax year.
- You may claim exempt from Wisconsin tax if you had no tax liability last year and expect none in the current tax year.

**Advanced Earned Income Credit**

This Federal program makes payments to individuals who:

- Earn less than \$31,338 annually (this amount is subject to change each year)
- Have at least one dependent child

For more information or to request a W-5 Form (EIC Advance Payment Certification) contact the Payroll Office.

**University of Wisconsin-Platteville**  
**Statement of Selective Service Compliance for Certain Unclassified Employment**

Information on Selective Service registration status must be provided as a condition of certain unclassified employment in order to comply with Wisconsin law [s.230.08 (2) (k)]. This Selective Service registration requirement applies to all male students seeking employment who are 18, but not yet 26 years of age.

**NAME** (print or type) \_\_\_\_\_  
Last Name First Name Initial

1.  I certify that I am registered with Selective Service.
2.  I certify that I am NOT required to register with Selective Service because
  - I am not 18 through 25 years of age. Note date of birth \_\_\_\_\_.
  - I am a **non-immigrant alien** lawfully admitted to the United States.
  - I am a member of the Armed Forces on activity duty (Note: Those in the National Guard and Reservists not on active duty must still register with the Selective Service.
  - I am a citizen of Federated States of Micronesia, the Republic of the Marshall Islands or the Republic of Palau.

I affirm that the following information is true and correct and I understand that any misstatement, falsification or omission may be grounds for refusal to hire, or if hired, termination.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date (Month/Day/Year)**

For Information about Selective Service and on-line registration, go to [www.sss.gov](http://www.sss.gov).