

Please Print

1. First name, Middle initial, Last name	2. Social Security Number
Home address (Students may use local address)	City, State, and Zip Code

**Employee's Withholding Allowance Certificate Federal Form W-4**

3. Marital status (note: If married but legally separated, or spouse is a nonresident alien, check the single box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at the higher single rate	
4. If your name differs from that on your Social Security card check here <input type="checkbox"/> If checked, you must call 1-800-772-1213 for a new card	
5. Total number of allowances you are claiming _____	7. I claim exemption from withholding for the current year, 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 because I had no tax liability and - This year I expect a refund of all Federal income tax withheld because I have no tax liability. <b>If you meet both conditions, write "Exempt" here</b> _____
6. Additional amount, if any, you want withheld from your paycheck \$ _____	
For instructions on completing the Federal W-4 <a href="http://www.irs.gov/pub/irs-pdf/fw4.pdf">http://www.irs.gov/pub/irs-pdf/fw4.pdf</a> or call payroll at (330-672-8640)	

**Ohio Employee's Withholding Exemption Certificate Form IT- 4**

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 the total	_____
5. Additional withholding per pay period under agreement with employer.	\$ _____
For instructions on filling out the IT- 4 or for school district information please go to the following website: <a href="http://www.kent.edu/comptroller/Payroll/tax/index.cfm">http://www.kent.edu/comptroller/Payroll/tax/index.cfm</a> or call payroll at (330-672-8640)	

**Ohio School District Tax Withholding (For Ohio Residents Only)**

(Please use the school district of your permanent residence)

Public School District of Residence	School District Number	County

Under penalties of perjury, I certify that I am entitled to the number of withholdings allowances/exemptions claimed on this certificate, or I am entitled to exempt status. (The form is not valid unless signed)

Employee's signature \_\_\_\_\_ Date: \_\_\_\_\_