

Employee masterfile form

Company name				Client ID number				
New employee			W-4 marital status/exemptions		Division			
Name/address change			Salary/rate change		Department			
Termination/inactive			Deduction/addition change		Employee number			
Employee first name			M.I.	Last name				
Street name						Apt. #		
City					State	Zip code		
Social	Security	Number	Enter	One	Number	Per	Box for	Accuracy
Hire date			Birth date		Termination date			
Pay period				Other income				
Per pay period salary				Hourly rate 2				
Hourly rate 1				Hourly rate 3				
Deduction type		Frequency			Amount			
Deduction type		Frequency			Amount			
Deduction type		Frequency			Amount			

Form **W-4**
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074
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.**

1 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 shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck.				6 \$	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the 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.					
Employee's signature (Form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office Code (optional)		10 Employer identification number (EIN)