Student Employment Payroll Form

UID #___________________________                    List local address when completing forms

W-4
Employee’s Withholding Allowance Certificate

Form W-4 (2019)

Department of the Treasury
Internal Revenue Service

1. Your first name and middle initial                      2. Your social security number

Home address (number and street or rural route)     3. Single □ Married □ Married, but withheld at higher Single rate.

City or town, state, and ZIP code                    Note: If married filing separately, check "Married, but withheld at higher Single rate.

Total number of allowances you’re claiming (from the applicable worksheet on the following pages)...

Additional amount, if any, you want withheld from each paycheck...

I claim exemption from withholding for 2019, and 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. You must call 800-772-1213 for a replacement card.

Employee’s signature
This form is not valid unless you sign it.

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Ohio Department of Taxation

Employee’s Withholding Exemption Certificate

Print full name__________________________       Social Security number__________________________

Home address and ZIP code__________________________

Public school district of residence__________________________ School district no__________________________

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 that 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.

Signature__________________________ Date__________________________

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 of township or county is__________________________

Signature__________________________