

Print or Type

- I am paid as:
- Monthly Faculty/AP Staff/Grad/Undergrad
  - Semi-monthly Civil Service
  - Bi-weekly Civil Service
  - Bi-weekly Student

Fill out and sign both forms below

<p><b>FEDERAL Form W-4</b> Dept of the Treasury Internal Revenue Service</p>	<p><b>Employee's Withholding Allowance Certificate</b> →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.</p>
<p>1) Last Name: _____ First Name: _____ Middle: _____</p>	
<p>2) Social Security Number: _____ - _____ - _____ Date of Birth: _____</p>	
<p>Mailing Address: _____ City: _____ State: _____ Zip Code: _____</p>	
<p>3) Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>	
<p>4) If your last name differs from that shown on your social security card, check here: <input type="checkbox"/> You must call 1-800-772-1213 for a new card.</p>	
<p>5) Total number of federal allowances you are claiming.....→ <input style="width: 50px;" type="text"/></p>	
<p>6) Additional federal amount, if any, you want withheld from each pay.....→ \$ <input style="width: 100px;" type="text"/></p>	
<p>7) I claim exemption from withholding for the tax year _____, and certify that I meet <b>BOTH</b> of the following conditions for exemption: → Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability.....<b>and</b> → This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.  If you meet <b>BOTH</b> conditions, write "<b>EXEMPT</b>".....→ <input style="width: 100px;" type="text"/></p>	
<p><b>Under penalties of perjury, I declare that I have examined this certification and to the best of my knowledge and belief, it is true, correct, and complete.</b></p>	
<p>Employee's signature (form is not valid without signature): _____ Date Signed: _____</p>	

<p><b>IL Form W-4</b> Illinois Department of Revenue</p>	<p><b>Employee's Illinois Withholding Allowance Certificate</b></p>
<p>Total number of state allowances you are claiming.....→ <input style="width: 50px;" type="text"/></p>	
<p>Additional state amount, if any, you want withheld from each pay.....→ \$ <input style="width: 100px;" type="text"/></p>	
<p>Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.....→ <input type="checkbox"/></p>	
<p><b>I certify that I am entitled to the number of withholding allowances claimed on this certificate.</b></p>	
<p>Employee's signature (form is not valid without signature): _____ Date Signed: _____</p>	

I consent to receive my W-2 form electronically. I agree to print my W-2 form on-line between January 31 and October 15 of the appropriate year. My consent will be valid for all subsequent tax years, unless revoked by me, upon termination, or if this service is not supported in a future tax year. To revoke your consent and receive a paper W-2 form, contact Payroll at [hrpayroll@siu.edu](mailto:hrpayroll@siu.edu) to receive the revocation form.

Return to: HR-Payroll, Mail Code 6520, Miles Hall, Carbondale, IL 62901-6520 Employer Identification Number (EIN): 37-6005961