



# 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** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074  
 Department of the Treasury Internal Revenue Service **2012**  
 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 Type or print 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 Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
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 2012, and I certify that I meet <b>both</b> of the conditions for exemption. <ul style="list-style-type: none"> <li>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></li> <li>This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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)
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Form **W-4** (2012)

