Form P-4 (Rev. 9-00)

PRINT OR TYPE

COMPTROLLER GENERAL'S OFFICE
EMPLOYEE'S WITHHOLDING & DEDUCTIONS

DEPARTMENT NAME   DEPT. NO (3 Positions)

☐ NEW   ☐ CHANGE   EFFECTIVE DATE _____

☐ (01) SOCIAL SECURITY _____

☐ (02) NAME _____
First   (20 Positions)   Middle Initial   Last   (20 Positions)

☐ (03)STREET _____
(25 Positions)

☐ (04) CITY/STATE _____   ☐ (05) ZIP _____
(20 Positions)

(06) MARITAL STATUS   NUMBER WITHHOLDING EXEMPTIONS

☐ SINGLE   ☐ MARRIED   ☐ (07)FEDERAL _____   ☐ (08)STATE _____

Form **W-4**	Employee's Withholding Allowance Certificate	OMB No. 1545-0010
Department of the Treasury Internal Revenue Service	For Privacy Act and Paperwork Reduction Act Notice, see reverse.	

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 ☐ Single ☐ Married ☐ 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 on your social security card, check here and call 1-800-772-1213 for a new card · · · · · · > ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)   5 ___

6 Additional amount, if any, you want withheld from each paycheck   6 ___

7 I claim exemption from withholding for 2001 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 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, enter "EXEMPT" here _ _ _ _ _ _ _ _ > 7 ___

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status

Employee's signature >   Date >   ,20

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)   9 Office code (optional)   10 Employer Identification number

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INSURANCE AND OTHER DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above salary deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer.

_____   _____
Authorized Agency Signature   Date

_____   _____
Title   Employee's Signature