

TRUMAN STATE UNIVERSITY

KIRKSVILLE, MO 63501

FEIN: 43-6005833

STATE ID#: 10001824

Type
or
Print

Name _____ S.S.# _____
Last First MI

Home Address _____
Street City State Zip

E-mail Address _____ Truman ID # _____

Birthdate _____ Home Phone _____ Date of Employment _____

Div. or Dept. _____ Fac/Staff Institutional Scholarship Workstudy

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.

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.)

Total number of allowances you are claiming _____

Additional amount, if any, you want withheld from each pay check _____ \$

I claim exemption from withholding, 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, write "Exempt" here _____

Single Married

Total number of allowances you are claiming _____

Additional Amount, if any, you want withheld from each pay check _____ \$

I claim exemption from withholding, 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, write "Exempt" here _____

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 _____ Date _____

(Form is not valid unless you sign it)

EMPLOYEE'S WITHHOLDING
ALLOWANCE CERTIFICATE