

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5. Voting Address _____ City _____ State _____ Zip Code _____

Mailing Address if Other Than Above _____ City _____ State _____ Zip Code _____

County Code _____ County _____

6. Marital Status: Single Married Married, but withhold at a single rate

NOTE: If married, but legally separated, or spouse is non-resident alien, check the Single box.

7. Total number of allowances you are claiming	7.	
8. Additional amount, if any, you want deducted from each pay	8.	\$
9. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:		
<ul style="list-style-type: none"> 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 all of the above conditions, enter the year effective and "EXEMPT" here <input type="checkbox"/> 9.		

10. Under the 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 >

11. Employer's name and address
 State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

DATE	PAY CODE

Changes:

Side 2

Name Address Allowance(s)

Former Name _____



Illinois Department of Revenue

IL-W-4 (R-6/01)

Employee's Illinois Withholding Allowance Certificate

Social Security Number								

Full Name _____

Mailing Address _____

City, State, ZIP Code _____

- Write the total number of basic allowances that you are claiming 1 _____
- Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____
- Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
Signature

_____ Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.