

**Employee's Withholding Allowance Certificate**

Home County / Voting County

LAST	FIRST	M.I.	E#	Date of Birth
Home Address			Single	Married
City or Town, State, Zip Code			Married, but withhold at a higher rate	
Note: If married, but legally separated, or spouse is a nonresident alien, check the single block.				

1. Total number of allowances you are claiming .....	Federal	
Total number of allowances you are claiming .....	State	
2. Additional amount, if any, you want to deduct from each pay period		
3. I claim exemption from withholding and I 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 NO tax liability: AND		
* This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have NO tax liability:		
If you meet all of the above conditions, enter " <b>EXEMPT</b> " Here .....		

Under the Penalties of Perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming from withholding, that I am entitled to claim the exempt status.

Employee's Signature	Date	20__
Employer's Name and Address	Employer's Ident. Number	
<b>EASTERN ILLINOIS UNIVERSITY, CHARLESTON, IL 61920</b>	<b>37-6013590</b>	

\*See Worksheet next page: Form W-f (Rev.7-09)

<b>For office use only:</b>				
___ Faculty	___ C.S. Exempt	___ Civil Service	___ Grad Assist.	___ Student

[Click here for worksheets to assist in completing the form.](#)

Please submit the completed and signed form to the Payroll Office, 2011 Old Main.  
 This form accommodates both State and Federal withholding.  
 Contact 581-5510 for questions.