

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE – FORM W-4

2002

Complete the following. Employee's signature is required. Contact taxoffice@tr.osu.edu for more information.

1. Last Name First Name Middle Initial
Last Name First Middle

Permanent/Parent's Address
 City State Zip Code
City State Zip Code

2. XXX-XX-XXXX 3. Single Married, but withhold at higher Single rate
 Married **Check One**
Social Security Number

Note: If married, but legally separated, or if you or your spouse is a nonresident alien, check the Single box. Check here if needed

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 for federal tax purposes If parent claims you, write 0. Otherwise write 1.
 6. Additional amount, if any, you want withheld from each paycheck Most likely 0 \$ 00
Indicate "cancel" across from item 6 if you wish to change the additional amount currently deducted to zero.

7. I AM A U.S. CITIZEN OR RESIDENT ALIEN (PERMANENT RESIDENT) AND CLAIM EXEMPTION FROM WITHHOLDING FOR 2002 AND I CERTIFY THAT I MEET BOTH OF THE FOLLOWING CONDITIONS FOR EXEMPTION:

- Last year I had the 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. Write "Exempt" if this applies to you.

The claim for exemption from withholding expires on February 15 of the next calendar year.

PLEASE CHECK IF YOU WISH TO CANCEL YOUR EXEMPT STATUS AND COMPLETE NUMBERS 3, 5 AND, IF APPLICABLE, ITEM 6

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g. interest and dividends) and (2) another person can claim you as a dependent on his or her tax return.

Were you continuously employed prior to 3/31/86 with the State of Ohio, an agency of the State of Ohio, or another state university in Ohio?
 Yes No Yes No **Check One**
(additional information on reverse)

Did you accept your position with OSU prior to terminating your state employment? Yes No

Check One

CITIZENSHIP **Check One**

- U.S. citizen
 Resident alien or permanent resident. (Form W-9 must be submitted or tax will be withheld as a nonresident alien)
 Nonresident alien – Immigration Status (e.g. F-1, J-1, etc.) _____

STATE TAX

Personal exemption for yourself. Write "1" if claimed If parent claims you, write 0. Otherwise write 1.

Write "1" if you are claiming a personal exemption for your spouse
 (Do not claim if your spouse is claiming his or her personal exemption) Write 1 if you are claiming your spouse.

Exemptions for dependents (Do not claim an exemption for a dependent unless you are qualified to do so under federal guidelines) Enter # if you are claiming any children.

Total number of exemptions claimed Add lines 1 through 3.

Additional amount, if any, you want withheld from each paycheck Most likely 0.

Indicate "cancel" if you wish to change the additional amount currently deducted to zero

CITY TAX

City of Employment Columbus Within city limits? Yes No **Check Yes.**
 City of Permanent Residence Permanent City Within city limits? Yes No **Check One.**

PERMANENT RESIDENCE

Public School District School District of Permanenet Address County School District County

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 Sign Here Date Today's Date Employer ID Number 31-6025966