

EMPLOYEE'S FEDERAL WITHHOLDING ALLOWANCE CERTIFICATE

— PLEASE TYPE —

4. Voting County _____

1. Type
Full Name _____
Last First Middle

2. Social Security _____
- -

3. Date of Birth ____ / ____ / ____

5. Voting Address _____
Mailing Address if Other Than Above _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Foreign State/Province _____

12. 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.

Foreign Postal Code _____

Country Code _____

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

NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

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:

- 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. 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, 325 West Adams Street, Springfield, Illinois 62704

DATE	PAY CODE

Changes:

- Name Address Allowance(s)

Former Name _____



EMPLOYEE'S ILLINOIS WITHHOLDING ALLOWANCE CERTIFICATE

Social Security Number _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039

Full Name _____

Mailing Address _____

City, State, ZIP Code _____

1. Write the total number of basic allowances that you are claiming 1 _____
2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____
3. 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.

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.

X _____
Signature

Date