

Practice Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Mailing address: 300 W WILSON BRIDGE, SUITE 340, WORTHINGTON, OHIO 43085

EIN #: \_\_\_\_\_

Please complete, in full, the withholding statements to insure proper payroll deductions.

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

### Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2012**

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1	Your first name and middle initial	Last name	2	Your social security number
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Home address (number and street or rural route)	3	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.
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City or town, state, and ZIP code	4	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. <input type="checkbox"/>
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5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	\$

7 I claim exemption from withholding for 2012, 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  7

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 (This form is not valid unless you sign it.) Date

8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10	Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2012)

\*To ensure proper posting by the Social Security Administration, the name entered on Line 1 of the w-4 **MUST BE IDENTICAL** to the name indicated on your Social Security card.



### Employee's Withholding Exemption Certificate

IT 4  
Rev. 5/07

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed)
3. Exemptions for dependents
4. Add the exemptions that you have claimed above and enter total
5. Additional withholding per pay period under agreement with employer \$

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* PLEASE COMPLETE THE FOLLOWING INFORMATION TO INSURE PROPER DEDUCTIONS \*\*\*

RATE OF PAY \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 HIRE DATE \_\_\_\_\_

CITY OF EMPLOYMENT \_\_\_\_\_  
 SCHOOL DIST. OF RESIDENCE \_\_\_\_\_  
 WORKPLACE LOCATION \_\_\_\_\_