

## Return to Payroll

### W-4 Form-Employee's Withholding Allowance Certificate

Please Print

<b>1. U.S. Social Security Number</b> - -	<b>2. Name</b> Last First Middle Initial		
<b>3. If your name differs from that on your Social Security card check here and call 1-800-7722-1213 for a new card.</b> → <input type="checkbox"/>			
<b>4. Birthdate</b> (Month-day-year)	<b>5. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>6. Heritage Code</b> (circle one) See reverse side for definitions. 1 2 3 4 5	<b>7. EMPLID</b> (PeopleSoft #)
<b>8. Marital Status-For Tax Withholding</b> (Check only one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher Single rate <b>Note:</b> If married, but legally separated, or spouse is nonresident alien, check the "Single" box.			
<b>Complete block 9 and 9a, OR block 10-Not Both</b>			
<b>9. Allowances</b> Enter total number of allowances you are claiming. →	<b>Federal</b> <input type="checkbox"/>	<b>State</b> <input type="checkbox"/>	<b>9a. Additional tax,</b> if any, you want withheld from each paycheck. →
See reverse side for instructions.			<b>Federal</b> <input type="checkbox"/>
			<b>State</b> <input type="checkbox"/>
<b>10. Claiming Exempt (Exempt status expires February 15)</b> I claim exemption from withholding this year and I certify that I meet <b>BOTH</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>ALL</b> federal income tax withheld because I had <b>NO</b> tax liability; <b>AND</b></li> <li>• This year I expect a refund of <b>ALL</b> federal income tax withheld because I expect to have <b>NO</b> tax liability</li> </ul> If you meet both conditions, write "EXEMPT" here. → _____			
<b>11. Non-Resident of Wisconsin</b> I declare that while working in Wisconsin, I am a legal resident of the state indicated below, and that I am not subject to Wisconsin income tax withholding in accordance with a reciprocal tax agreement. Check appropriate box: <input type="checkbox"/> Indiana <input type="checkbox"/> Kentucky <input type="checkbox"/> Michigan <input type="checkbox"/> Illinois <input type="checkbox"/> *Minnesota *Minnesota residents must also complete W-222 and submit with this form.			
<b>12. Home Telephone-</b> (area code/number) (w-2 mailing purposes) ( ) -			
<b>13. Home Address</b> (w-2 Mailing Purposes) Street, Apt#		<b>City</b>	<b>State</b> <b>Zip</b>
<b>14. Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or if claiming exemption from withholding that I am entitled to claim the exempt status.</b>			
<b>Date</b>	<b>Signature</b>	<b>14. Address Release</b> My home mailing address and telephone number may be made available for the staff directory and released to the public upon request. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Payroll Use**     **Home Address Verified**

#### International Visitors Complete the Following

<b>Visa Type</b> (If permanent resident with a Green Card, write "Green Card" and date issued.)	<b>Country of Residence</b>	<b>Date of arrival in U.S.</b>
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All international students/visitors must also complete the Alien Tax Information Request Form UW1123.

- If you are receiving money that should be tax free under a tax treaty, you must also complete Form 8233 (Wages and the appropriate Revenue Procedure Statement 87-8).

### **Heritage code explanation block 6**

- 1). **Black (Not of Hispanic Origin)** All persons having origins from any of the black racial groups.
- 2). **Asian or Pacific Islanders** All persons having origins from any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
- 3). **American Indian or Alaskan Native** All persons having origins of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- 4). **Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American, Iberian Peninsula, or other Spanish culture or Origin, regardless of race.
- 5). **White (Not of Hispanic Origin)** All persons having origins from any of the original peoples of Europe, North Africa, and the Middle East.

### **Allowances – Block 9**

Use the following guidelines to determine the allowances you may claim and enter the totals on Form W-4, Block 9. If you claim “exempt” from federal or state withholding in Block 10, Block 9 and 9a must remain blank. A worksheet or publication 505 are located at the Human Resources information counter to help figure your allowances. In general you may claim one allowance for each of the following:

- for yourself if no one else is claiming you as a dependent,
- for your spouse if spouse does not work
- for each dependent,
- if you are single and have only one job

If you expect to itemize deductions, or to claim adjustments to your income such as child care on your tax return, a W-4 worksheet is available at the Human Resources information counter to help you figure the number of withholding allowances you are entitled to claim.

### **Additional Tax – Block 9a**

If you want additional tax withheld from your pay: (1) estimate the yearly amount you will be underwithheld; Divide amount in (1) by the number of pay periods remaining in the calendar year and enter the result in Block 9a.

### **Exempt – Block 10**

If you can be claimed as a dependent on someone else’s tax return and your non-wage income (interest on savings, etc..) plus your wages are expected to be more than \$2000.00 (state) and \$650.00 (federal) you are not eligible to claim exempt status.

### **Advance Earned Income Credit**

This Federal program makes payments to individuals who:

- 1). Earn less than \$25,760.00 annually (this amount is subject to change each year).
- 2). Have at least one dependent child.

For more information or to request a W-5 form (EIC advance Payment Certification) contact the payroll office @ 262-4559.

***RETURN COMPLETED FORMS TO PAYROLL  
UWHC PAYROLL  
635 SCIENCE DRIVE  
MADISON, WI 53711***

***The Payroll Drop Box is located @ F5/1 (right outside the mailroom in the hospital).  
OR...Interdepartmental Mail Drop # is 9810***