

Form W-4 - EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

University of Wisconsin Hospital and Clinics

All employees **MUST** complete sections 1, 2, 3, and 6.

Section 1 – Employee Information

Employee ID Number	Social Security Number	Name Last	First	Middle Initial
Home Address		City	State	Zip
Heritage Code (Please circle, see reverse for descriptions) 1 2 3 4 5 6 7		Date of Birth mm/dd/yyyy	Gender	Home Telephone Number

Section 2 – Federal Withholding Form W-4

See reverse side for Federal Worksheet. For more information visit the IRS Website at: www.irs.gov

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at Single Rate	1 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. <input type="checkbox"/>
2 Total number of allowances you are claiming (Federal worksheet line H, see reverse)	
3 Additional dollar amount, if any, you want withheld from each paycheck	
4 I claim exemption from withholding and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> • 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, claiming Exempt status means no Federal Withholding tax will be taken.....	

Section 3 – State of Wisconsin WT-4

See reverse side for State worksheet. For more information visit WI Dept of Revenue at: www.dor.state.wi.us

1. Tax Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, But withhold at Single Rate	
2. Total number of withholding allowances (State worksheet line D, see reverse).....	
3. Additional Dollar amount, if any, you want withheld from each paycheck.....	
4. If you are claiming exemption from withholding read below and write “ EXEMPT ” in this box I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming an exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin for this year. Claiming Exempt means no Wisconsin Withholding tax will be taken.	

Section 4 – Non Resident Employee Withholding Declaration

A nonresident employee qualifying for this exemption declares that while working in Wisconsin, I am a legal resident of the State of _____. UW Hospital and Clinics is licensed to withhold only Wisconsin State Tax and any income tax that I owe to my state of residency is my responsibility.
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Section 5 – International Visitors

All international students/visitors must also complete the Alien 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		
Visa Type _____	Country of Residence _____	Date of arrival in United States _____

Section 6 – Employee Signature

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.	
Signature _____	Date _____

Heritage Codes – Section 1

1. **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
2. **White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
3. **Black or African American (not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa
4. **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
5. **Asian (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
6. **American Indian or Alaska Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), who maintain a tribal affiliation or community attachment
7. **Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above six races

Federal Allowance Worksheet – Section 2

Personal Allowances Worksheet (Keep for your records.)	
A	Enter "1" for yourself if no one else can claim you as a dependent A _____
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit F _____ (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____

State of Wisconsin Worksheet – Section 3

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

1. (a) Exemption for yourself – enter 1 _____
- (b) Exemption for your spouse – enter 1 _____
- (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent _____
- (d) Total – add lines (a) through (c)

These worksheets are intended to be used as a guideline for withholding allowances, as each individual's situation is unique please consult a tax professional with any questions on your withholding allowances.

Return completed form to:

UWHC Payroll Department
301 S. Westfield Road, Suite 350
Madison WI 53717
or
Fax 608/262-0399