

***** DISCLAIMER: Sequoia Union High School District cannot offer you tax advice. This guide will provide examples of completed withholdings forms for Federal and State. This are LEGAL documents that must be completed properly as these are audited by our auditors and can be audited by IRS if requested.**

Claiming Exempt (no taxes taken from your pay):

Employees claiming exempt on their W-4 will need to submit a new W-4 Form each year by February

15th. This is required by Federal Law to remain exempt. If a new form is not received by this date, Payroll will process tax withholdings to "single with zero withholding allowances."

Federal Form:

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
1 Your first name and middle initial John		Last name Doe		2 Your social security number 123-45-6789
Home address (number and street or rural route) 123 ABC Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code Redwood City, California, 94062		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		Leave box 5 & 6 Blank
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2019, 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 Exempt		Must put exempt
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.) ▶ <i>John Doe</i>		Date ▶ 05/09/2019		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form W-4 (2019)

State Form:



EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name John Doe	Your Social Security Number 123-45-6789
Home Address (Number and Street or Rural Route) 123 ABC Street	Filing Status Withholding Allowances <input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD
City, State, and ZIP Code Redwood City, CA, 94062	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____ **Exempt**
 Number of allowances from the Estimated Deductions, Worksheet B _____ **Exempt**
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 _____ **Exempt**
 OR
 2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____ **\$0**
 OR
 3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature *John Doe* Date **05/09/19**

Employer's Name and Address Leave blank	California Employer Payroll Tax Account Number Leave blank
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Must check filing status

Must put exempt

Claiming Exempt with Additional Dollar amounts:

Federal Form:

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're 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.		2019
1 Your first name and middle initial John		Last name Doe		2 Your social security number 123-45-6789
Home address (number and street or rural route) 123 ABC Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married filing separately, check "Married, but withhold at higher Single rate."</small>		5 6 \$ 700
City or town, state, and ZIP code Redwood City, CA, 94062		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
8 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		7 I claim exemption from withholding for 2019, 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 ▶ Exempt		9 10
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.) ▶ <i>John Doe</i>		Date ▶ 05/09/19
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Leave blank		9 First date of employment LEAVE BLANK		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form **W-4** (2019)

Must check filing status

Leave box 5 blank
Put Dollar amount for box 6

Must put Exempt

State Form:



EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name John Doe		Your Social Security Number 123-45-6789	
Home Address (Number and Street or Rural Route) 123 ABC Street		Filing Status Withholding Allowances <input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD	
City, State, and ZIP Code Redwood City, CA, 94062			
1. Number of allowances for Regular Withholding Allowances, Worksheet A Number of allowances from the Estimated Deductions, Worksheet B Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019 OR		Exempt Exempt	
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C OR		Exempt \$700	
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) <input type="checkbox"/>		Must put exempt Put dollar amount	
Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.			
Signature <i>John Doe</i>		Date 05/09/19	
Employer's Name and Address Leave blank		California Employer Payroll Tax Account Number Leave blank	

Must check filing status

Exempt
Must put exempt

\$700
Put dollar amount

Adjusting your withholdings:

Federal Form:

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're 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.		2019
1 Your first name and middle initial John		Last name Doe		2 Your social security number 123-45-6789
Home address (number and street or rural route) 123 ABC Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married filing separately, check "Married, but withhold at higher Single rate."</small>		
City or town, state, and ZIP code Redwood City, CA, 94062		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck		5 1 6 \$ 0
7 I claim exemption from withholding for 2019, 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.) ▶		John Doe		Date ▶ 05/09/2019
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)
Leave Blank		LEAVE BLANK		
For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form W-4 (2019)				

- Must check filing status
- Box 5 input your allowances
Box 6 put extra dollar amount (optional)
- Box 7 LEAVE BLANK

State Form:



EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name John Doe		Your Social Security Number 123-45-6789	
Home Address (Number and Street or Rural Route) 123 ABC Street		Filing Status Withholding Allowances	
City, State, and ZIP Code Redwood City, CA, 94062		<input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) Must check filing status <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD	
1. Number of allowances for Regular Withholding Allowances, Worksheet A		1 1	
Number of allowances from the Estimated Deductions, Worksheet B		1 1	
Total Number of Allowances (A + B) when using the California Withholding Schedules for 2019		2 2 Add them together in this box here	
OR			
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C		OR \$ 0 Enter extra dollar amount (optional)	
OR			
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) <input type="checkbox"/>			
<i>Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.</i>			
Signature John Doe		Date 05/09/19	
Employer's Name and Address		California Employer Payroll Tax Account Number	
Leave blank		Leave blank	