

Employee's Withholding Allowance Certificate

▶ 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.

2008

1 Type or print your first name and middle initial _____ Last name _____ 2 Your social security number _____

Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher Single Rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>
City or town, state, and ZIP code	4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card.....→ <input type="checkbox"/>
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 2008, 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, enter "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 → _____ **Date** → **2008**
 (Form is not valid unless you sign it.)

8 Employer's name and address (Employer : Complete 8 and 10 only if sending to IRS) The University of Akron 302 Buchtel Common, Akron, OH 44325-6210	9 Office code (optional) _____	10 Employer identification number 34-6002924
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➔ **For Privacy Act and Paperwork Reduction Act Notice, see page 2**
Form NR-1

NON-RESIDENT ALIEN IDENTIFICATION

Are you a U.S. citizen? Yes ___ No ___ Permanent Resident Alien: Yes ___
 VISA status (complete below **ONLY** if **NOT** a U.S. citizen):
 Student F-1 ___ J-1 ___ M-1 ___
 Teacher/Scholar J-1 ___ H-1 ___
 Other _____
 Country of Legal Residence _____ Signature _____

FORM IT-4
(05/07)

STATE OF OHIO
DEPARTMENT OF TAXATION
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print Full Name _____ Social Security No. _____

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. Exemption 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 _____