



EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (W-4)

- Please print. Complete all fields accurately.
- Enter the current or applicable year in the upper right corner of the W-4 below.

As your employer, Kelly is required to withhold federal income taxes, as well as Social Security and Medicare taxes from your pay. Complete the Employee's Withholding Allowance Certificate (Form W-4) below to ensure the correct amount is withheld from your pay. If you do not complete the Form W-4 correctly, taxes will be withheld from your pay as if you were single and claiming no withholding allowances.

Exempt from Withholding: If you are exempt from federal tax withholding, you must still complete Form W-4. Additionally, you must complete a *new* Form W-4 by February 15 of each year in which you are claiming exempt status.

Additional Withholding: Decreasing the total number of allowances (Line 5) will increase the amount of tax withheld. To have an additional amount withheld from your pay, notify your Kelly representative.
(Kelly Representative: Refer to e2412 on KellyWeb).

IRS Instructions and Worksheets: Detailed IRS instructions and worksheets are available from your Kelly representative.
(Kelly Representative: Refer to e2413 on KellyWeb).

Date of Birth / /
mm/dd/yyyy

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ 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.		20 <input type="text"/>	
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 withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
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 new card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H on the applicable worksheet on the detailed IRS instructions)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	
7 I claim exemption from withholding for _____, and I certify that I meet both of the following conditions for exemption. (enter year) • 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 (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)	

Cat. No. 10220Q

Form **W-4** (2006)

ORIGINAL – Employee Application File Folder

COPY – Mail with Work Opportunity Credit (WOC) Paperwork