

PHS-W-4 Form (Employee Withholding Certificate)

Employee Information

Full Name: _____
Social Security Number: _____
Home Address: _____
City / State / ZIP Code: _____

Marital Status (check one):

☐ Single ☐ Married ☐ Head of Household

Withholding Allowances

Total number of allowances you are claiming: _____

Additional amount, if any, you want withheld from each paycheck: \$ _____

Exemption (if applicable)

☐ I claim exemption from withholding because I meet both conditions:

Last year I had no federal/state income tax liability

This year I expect to have no federal/state income tax liability

Employee Signature

I certify that the above information is true and correct to the best of my knowledge.

I understand that providing false information may subject me to penalties under federal/state law.

Employee Signature _____

Date _____

Employer / HR Use Only _____

Instructions for Employees:

- Complete all fields accurately.
- Sign and date the form.
- Submit to your HR or payroll department.
- Update your form whenever your personal or financial situation changes.