

**Illinois Department of Revenue
IL-W-4 (R-1/87)**

Employee's Illinois Withholding Allowance Certificate

Full Name _____ Social Security No. _____
 Legal Address _____ City _____ State _____ Zip Code _____
 Mailing Address if Other Than Above _____ City _____ State _____ Zip Code _____

Changes: Name Address Exemption Enter the total number of allowances you are claiming (from the worksheet)

Former Name _____ Additional amount, if any, you want deducted from each pay \$ _____

EMPLOYEE: File this form with your employer. Otherwise he must withhold Illinois income tax from your wages without exemption.

EMPLOYER: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7200.

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

 Signature

 Date

Employee's Withholding Allowance Certificate
Please Type or Print

Form W-4

Dept. of the Treasury
Internal Revenue Service

Date of Birth _____

1. Full Name _____ 2. Social Security No. _____ Voting County _____

Legal Address _____ City _____ State _____ Zip Code _____

Mailing Address if Other Than Above _____ City _____ State _____ Zip Code _____

3. If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information.

4. Marital status: Single Married Married, but withhold at higher Single rate
 If married, but legally separated, or spouse is a nonresident alien, check the single box.

5. Total number of allowances you are claiming

6. Additional amount, if any, you want deducted from each paycheck \$ _____


7. I claim exemption from withholding and I certify that I meet **ALL** 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, enter the year effective and 'EXEMPT' here

8. Are you a full-time student? (**Note: Full-time students are not automatically exempt.**) Yes No

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

EMPLOYEE'S SIGNATURE: _____ **Date:** _____

| | | | | |
|------------------------------|---|---|-----------------|--|
| 9. Employer's Name & Address |  | Southern Illinois University Edwardsville Human Resources, Box 1040 Edwardsville, Illinois 62026-1040 | 10. Office Code | 11. Employer I.D. Number 37-0986220 |
|------------------------------|---|---|-----------------|--|