

FORM W4

LONG BEACH UNIFIED SCHOOL DISTRICT, 1515 Hughes Way, Long Beach, CA 90810

Employer's Federal ID# 95-6001886

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

State ID# 800-9069-9

Federal and State (This certificate is for income tax withholding purposes only.)

Type or print your Full Name:

Last First M.I.

Social Security Number

Home Address:

(Number & Street or rural route)

City or Town State Zip

If married but legally separated or spouse is a nonresident alien; check the single boxes below.

FEDERAL MARITAL STATUS

STATE MARITAL STATUS

| | | | |
|--|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Married but withhold at Single Rate | | <input type="checkbox"/> Head of Household | |

1. Total number of regular allowances you are claiming.
2. Total number of allowances for itemized deductions (State only)
3. Total number of allowances (Add line 1 and 2 for State only)
4. Additional amount, if any, you want deducted from each pay period.
5. I claim exemption from withholding because:
 - a. Last year I did not owe any Federal/State income tax and had a right to a full refund of ALL income tax withheld AND
 - b. This year I do not expect to owe any Federal/State income tax and expect to have a full refund of ALL income tax withheld. If both a and b apply, enter EXEMPT.

(Hatched area for itemized deductions)

\$ _____ \$ _____

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

Signature

Date

Rev. 10/12