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The University of New Mexico

Financial Services Division



Payroll

**UNIVERSITY OF NEW MEXICO  
PAYROLL DEPARTMENT (MSC01 1230)  
STATE TAX WITHHOLDING FORM**

\_\_\_\_\_  
PRINT NAME: LAST, FIRST

\_\_\_\_\_  
UNM ID NUMBER

1.  ADDITIONAL AMOUNT TO BE WITHHELD PER PAY PERIOD: \_\_\_\_\_  
(Whole Dollars Only)
2.  CANCEL ADDITIONAL AMOUNT
3.  WAIVED – I AM A NON-RESIDENT OF THE STATE OF NEW MEXICO and I AM A RESIDENT OF \_\_\_\_\_. I UNDERSTAND THIS FORM MUST BE COMPLETED BY THE END OF JANUARY EACH YEAR.
4.  I NO LONGER WISH TO BE WAIVED FROM NEW MEXICO INCOME TAX WITHHOLDING
5.  WAIVED – I OPT TO BE WAIVED FROM NEW MEXICO INCOME TAX WITHHOLDING. I UNDERSTAND THAT TAXABLE INCOME WILL STILL BE REPORTED TO THE STATE OF NEW MEXICO ON MY W2.

**NOTE: If you make changes to your W-4 online using LOBOWEB, those changes will overwrite each of the above and you must complete this form again to reinstate any of the above options.**

To the best of my knowledge, I declare that this certificate is true, complete and correct. By signing below I certify that I will verify this change on my next earnings statement or check. If an error is found, it will be reported to the Payroll Department immediately.

I assume full responsibility for this change and the impact it will have on my W2.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE