

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	
Single	Married	Single	Married
Married but withhold at Single Rate		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.



\$ _____ \$ _____

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