

SOC. SEC. NUM. (9)				FIRST NAME (14)				M.I. (1)		LAST NAME (16)			
ADDRESS (30)				CITY (15)				STATE (2)		ZIP CODE (5 OR 9)		OR FOREIGN COUNTRY (13)	
BIRTH DATE			RACE CODE (SEE BELOW)	SEX (M=MALE, F=FEMALE)	MARITAL STATUS (S=SINGLE, M=MARRIED, X=MARRIED CLAIMING SINGLE)		NUMBER OF W/H ALLOW. (2)	ADDITIONAL AMOUNT WHOLE DOLLARS	FOR AGENCY USE ONLY				
MM	DD	YYYY							ORGANIZATION				
									OLO (4)	L2 (2)	L3 (2)		
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EXEMPTION FROM WITHHOLDING MAY BE CLAIMED ONLY IF:

- Last year you had a right to a refund of **ALL** Federal income tax withheld because you had **NO** tax liability; **AND**
- This year you expect a refund of **ALL** Federal income tax withheld because you expect to have **NO** tax liability.;

If you meet both of the above conditions enter year effective and "EXEMPT".

RACE CODES 1= WHITE (NOT HISPANIC) 2= BLACK (NOT HISPANIC)
 3= HISPANIC 4= ASIAN OR PACIFIC
 5= AMERICAN INDIAN OR ISLANDER
 ALASKAN NATIVE 8= OTHER

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

I claim exemption from withholding and I certify that I meet ALL of the conditions for exemption:

<=====>	EFFECTIVE YEAR	"EXEMPT"
<=====>	20	

UNDER PENALTIES OF PERJURY, I CERTIFY THAT I AM ENTITLED TO THE NUMBER WITHHOLDING ALLOWANCES CLAIMED ON THIS CERTIFICATE OR ENTITLED TO CLAIM EXEMPT STATUS.
I UNDERSTAND THAT ANY EXEMPTION FROM WITHHOLDING EXPIRES ON FEBRUARY 15TH OF THE FOLLOWING CALENDAR YEAR.

SIGNATURE _____ MM / DD / YY DATE SIGNED

FOR COMPTROLLER USE ONLY

ATTACH COPY OF SOCIAL SECURITY CARD HERE
(DAA001 REV MAY 23, 1996)

OMB NO. 1545-0010