

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type Or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Status <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes)
City, State and ZIP Code	Withholding Allowances <input type="checkbox"/> MARRIED (one income)
	<input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances you are claiming for this job from the Regular Withholding Allowances Worksheet A 1 _____
2. Number of allowances from the Estimated Deductions Worksheet B 2 _____
3. Additional amount to be withheld each pay period (if employer agrees) Worksheet C 3 _____
If employer does not agree, you may file quarterly estimates on Form 540ES with the Franchise Tax Board.

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address:	California Employer Account Number
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