

# Employee's Withholding Allowance Certificate for Specific States

**State services are performed in:** (check one)

- |   |                                     |                                       |                                    |                                       |
|---|-------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Colorado       | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Idaho        | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Montana      |
| <input type="checkbox"/> Nebraska       | <input type="checkbox"/> New Mexico | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Oklahoma  | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> South Carolina | <input type="checkbox"/> Utah       |                                       |                                    |                                       |
- Pennsylvania** (The State of Pennsylvania currently has a flat tax rate. Complete only boxes 1, 2, 3, 8, and 9)

**Please Print**

1. U.S. Social Security Number	2. Name (Last) (First) (Middle)		
3. UMID Number	4. Marital Status Select your marital status for state income tax purposes: <input type="checkbox"/> Single <input type="checkbox"/> Married		
5. Allowances Enter the total number of allowances you are claiming for state withholding: <div style="text-align: center; border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>	6. Additional Tax Enter the additional dollar amount, if any, you want withheld from each paycheck for state tax: <div style="text-align: center; border: 1px solid black; width: 150px; height: 30px; margin: 5px auto;"></div>		
7. Claiming Exempt From State Tax Withholding  <b>DO NOT COMPLETE THIS SECTION UNLESS YOU ARE CLAIMING EXEMPT ON YOUR FEDERAL W4</b>  <input type="checkbox"/> I am claiming exempt on my Federal W-4 and wish to claim exempt from state withholding.			
8. Home address, Street, Apt. #	City	State	Zip Code
9. 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 the exempt status.  Signature: _____ Date: _____			