$W\text{--}4\ EXEMPTION\ ACKNOWLEDGMENT}^1$ OFFICE OF THE STATE COMPTROLLER, PAYROLL SERVICES DIVISION

| La | st Name | | First Name | Employee ID # | |
|----|---|--|------------|---------------|--|
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| Ag | Agency/Department | | | | |
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| } | | | | | |
| | W-4 EXEMPTION ACKNOWLEDGMENT | | | | |
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| | Please check the box if you meet <u>BOTH</u> conditions to claim exemption | | | | |
| | | | | | |
| | I claim exemption from withholding for 2023, and I certify that I meet both of the following conditions for exemption. | | | | |
| | • Last year I had a right to a refund of all federal income tax withheld because I | | | | |
| | had no tax liability, <u>AND</u> | | | | |
| | • This year I expect a refund of all federal income tax withheld because I expect | | | | |
| | to have no tax liability. | | | | |
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| | CERTIFICATION | | | | |
| | | | | | |
| | I,, certify that, I have examined this | | | | |
| | acknowledgment and to the best of my knowledge and belief, it is true, correct and complete | | | | |
| | statements that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and I have exercised reasonable care in assuring that my claim for | | | | |
| | exemption is valid under federal law. In the event this exemption is disallowed, I accept full | | | | |
| | responsibility for the payment of any penalty and fees, including any accrued interest. | | | | |
| | Signature: Date: | | | | |
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¹ The information contained in this acknowledgement does not constitute legal or tax advice. If you have questions regarding specifically related to your circumstances, you should consult with your own personal tax advisor.