

W-4 EXEMPTION ACKNOWLEDGEMENT¹

OFFICE OF THE STATE COMPTROLLER ACTIVE & PENSION PAYROLL SERVICES DIVISION

| Last Name | First Name | Employee ID # |
|-------------------|------------|---------------|
| | | |
| Agency/Department | | |
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| | <p>Please check the box if you meet <u>BOTH</u> conditions to claim exemption</p> <p>I claim exemption from withholding for 2020, and I certify that I meet both of the following conditions for exemption.</p> <p><input type="checkbox"/> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, <u>AND</u></p> <p><input type="checkbox"/> • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</p> |

| CERTIFICATION | |
|---|--|
| <p>I, _____, certify that, I have examined this acknowledgement and to the best of my knowledge and belief, it is true, correct and complete. 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.</p> <p>Signature: _____ Date: _____</p> | |

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.