**PERSONNEL RECORD**

**FILL OUT FORM COMPLETELY: It is a personnel record and a state/federal withholding form.**

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_\_\_

Single Married Number of Dependents \_\_\_\_\_\_\_\_\_\_

Race: African American Asian American Indian Hispanic White Native Hawaiian Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KENTUCKY STATE WITHHOLDING**

1. If **SINGLE**, and you claim an exemption, enter “1”, if you do not enter “0” \_\_\_\_\_\_\_\_\_\_.

2. If **MARRIED**, one exemption each for husband and wife if not claimed on another

certificate. (A) If you claim both, enter “2”, (B) If you claim one of these, enter “1”, (C) If you claim neither, enter “0” \_\_\_\_\_\_\_\_\_\_\_\_\_.

3. **Exemptions for age and blindness** (applicable only to you and your spouse but not to

dependents): (A) If you or your spouse will be 65 years of age or older at the end of the

year, and you claim this exemption, enter “2”, (B) If both of you will be 65 or older, and you

claim both of these exemptions, enter “4” \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. If you claim exemptions for one or more **dependents**, enter the number of such exemptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. **National Guard exemption** (see instructions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. **Exemptions for Excess Itemized Deductions** (Form K-4A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

7. Add number of exemptions which you have claimed above and enter the total \_\_\_\_\_\_\_\_\_\_\_.

8. Additional withholding per pay period under agreement with employer $\_\_\_\_\_\_\_\_\_\_.

**FEDERAL TAX WITHHOLDING**

1. Marital Status: Single Married Married, but withholding at

the higher Single Rate.

2. Total number of allowances you are claiming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Additional amount, if any, you want deducted each pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. I claim exemption for withholding and I certify that I meet ALL of the following conditions for exemption:

Last year I had a right to a refund of ALL Federal Income Tax Withholding because I had NO tax liability; and this year I expect a refund of ALL Federal Income Tax Withheld because I expect to have NO tax liability; and this year if my income exceeds $500 and includes non-wage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter the year effective and “EXEMPT” here \_\_\_\_\_\_\_\_\_\_\_\_\_.

5. Are you a full-time student? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

**Under penalties of perjury, I certify that I am entitled to the number of withholding**

**allowances claimed.**

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_