

Tax Form Instructions, W-4 & I-9

W-4 and I-9 tax forms cannot be submitted online. Please print, complete and sign these forms before returning to your area office.

W-4 and I-9 tax forms can be faxed to (580) 235-0553 or mailed, emailed or returned to your area office in person. Call your area office for email or mailing address.

NOTE: It is optional to have taxes withheld from your earnings while working on the Toksali SMART program.

Form W-4 tax exempt instructions:

IF the applicant is requesting to file tax exempt for this summer:

- Leave the top portion (A-H) of form W-4 blank.
- On the bottom portion of the form, write 99 in the field for line No. 5.
- Leave line No. 6 and line No. 7 blank.
- Sign and date, and it is complete.

Contact your local area office if you need additional assistance with the completion and submission of these tax forms.

* If neither of the above situations applies, stop here and enter the number from line H on line b of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2017
1 Your first name and middle initial Jane D		2 Your social security number 123-45-6789
Last name Doe		
Home address (number and street or rural route) 12345 Williams St		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Ada, Ok 74820		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 99
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2017, 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 was a nonresident alien. • This year I expect a refund of all federal income tax withheld because I expect to be a nonresident alien. If you meet both conditions, write "Exempt" here.		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 102200 **Form W-4** (2017)