

## W-4 Procedure

### Purpose

This procedure is meant to help you complete the W-4 form correctly and completely.

### Procedure

Please complete the attached W-4 form exactly as shown in this example. If you do not complete the W-4 form correctly it will delay your ability to start working.

Once completed, the original form must be returned via mail or dropped off at the Lifeworks Administration Office. It cannot be faxed or emailed.

**Form W-4 Employee's Withholding Allowance Certificate** OMB No. 1545-0074  
 Department of the Treasury Internal Revenue Service **2012**

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.

1 Your first name and middle initial: **John S** Last name: **Doe** 2 Your social security number: **123-45-6789**

Home address (number and street or rural route): **123 Street N.** 3  Single  Married  Married, but withhold at higher Single rate.

City or town, state, and ZIP code: **Yourtown, State ZIP** 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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): **1** 6 Additional amount, if any, you want withheld from each paycheck: \$ **1**

7 I claim exemption from withholding for 2012, 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, and  
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  
 If you meet both conditions, write "Exempt" here.

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: **John S. Doe** Date: **1-1-2012**

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)