

KNOX COLLEGE

Galesburg, IL 61401

ID #

Type or print your first name and middle initial

last name

social security number

Home address

City, State, zip code

FEDERAL FORM W-4

Employee's Withholding Allowance Certificate

Filing

Status:

single

married

married, but withhold at the higher single rate

Total number of allowances you want to claim *

Additional amount, if any, you want withheld from your paycheck

ILLINOIS DEPARTMENT OF REVENUE FORM IL-W4

Employee's Withholding Allowance Certificate

Total number of allowances you want to claim *

Additional amount, if any, you want withheld from your paycheck

Under penalties of perjury, I certify that I am entitled to the number of allowances claimed on this certificate.

X

Employee Signature

X

Date

*withholding worksheets available upon request.

Entered by: _____