

**ENGINEERS AND SCIENTISTS OF CALIFORNIA LOCAL 20
IFPTE (AFL-CIO & CLC)
810 CLAY STREET
OAKLAND, CA 94607**

EMPLOYER _____ LOCATION _____

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2022

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer. Your withholding is subject to review by the IRS

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input 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		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	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2021, 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 ▶		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.) ESC IFPTE Local 20, 810 Clay Street, Oakland, CA 94607	9 Office code (optional)	10 Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2022)

DATE	TOTAL HOURS	HOURLY PAY RATE	DESCRIPTION	ACCOUNTING DISTRIBUTION CODE	AMOUNT

TOTAL \$ _____

IMPORTANT – All information requested **must be filled out completely**, otherwise, reimbursement could be delayed.

ADDITIONAL PERSONNEL INFORMATION

POSITION _____ BIRTH DATE _____

TELEPHONE # _____ HIRE DATE _____

PLEASE SIGN _____ APPROVED _____