

**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

2023

▶ 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 2022, 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) |
|---|---------------------------------|--|

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2023)

| 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 _____