

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name full name W. E. ... Social Security Account Number 433-54-3937
Present home address 759 ... City ... State ...

EMPLOYEE:
File this form with your employer. On or after the first day of the year you have your own bill of exemption.

EMPLOYER:
Keep this certificate with your records. If the employee is believed to have obtained his name on a false statement, the District Director should be so advised.

- HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**
1. If **SINGLE**, and you claim an exemption, write the figure "1"
 2. If **MARRIED**, one exemption each is allowable for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, write the figure "2"
 - (b) If you claim one of these exemptions, write the figure "1"
 - (c) If you claim neither of these exemptions, write "0"
 3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
 - (a) If you or your wife be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both be 65 or older, and you claim both of these exemptions, write "2"
 - (b) If you or your wife be blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2"
 4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side.)
 5. Add the number of exemptions which you have claimed above and write the total
 6. Additional withholding for pay period under agreement with employer. See instruction 1

CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.
(Date) May 11, 1954 (Signed) W. E. ...

