▶ Fill out both forms below then print, sign, and send through MOVEit, a secure electronic file share, to the appropriate Payroll Specialist.

Monthly Faculty/AP Staff/Grant/Und	lergr
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Semi-monthly Civil Service

Bi-weekly Civil Service

Department of the Treasury

W-4

Employee's Withholding Certificate

▶ Claiming 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.

Bi-weekly Student

Step 1:	(a) First name and middle initial	Last name		(b) So	ocial security number	
Enter Personal Information	Address			name of card?	s your name match the on your social security f not, to ensure you get	
					or your earnings, contact 800-772-1213 or go to sa.gov.	
	(c) Single or Married filing separately					
	Married filing jointly (or Qualifying widow(er)					
	Head of household (Check only if you're unm					
Complete Ste	Form (PDF) comes with worksheets and tax eps 2–4 ONLY if they apply to you; otherw who can claim exemption from withholding	rise, skip to Step 5. See page	e 2 of the IRS W-4 Forr			
Step 2: Multiple Jobs	Complete this step if you (1) hold r also works. The correct amount of v					
or Spouse	Do only one of the following.					
Works	(a) Use the estimator at www.irs.go	//W4App for most accurate w	ithholding for this step	(and S	Steps 3–4); or	
	(b) Use the Multiple Jobs Worksheet on page 3 of the IRS W-4 Form and enter the result in Step 4(c) below for roughly accurate withholding; or					
	(c) If there are only two jobs total, you is accurate for jobs with similar p					
	TIP: To be accurate, submit a 2020 income, including as an independen			e) have	e self-employment	
	eps 3-4(b) on Form W-4 for only ONE of tate if you complete Steps 3-4(b) on the For			s. (Yo	our withholding will	
Step 3:	If your income will be \$200,000 or le	ss (\$400,000 or less if married	filing jointly):			
Claim Dependents	Multiply the number of qualifying	children under age 17 by \$2,000	0▶ \$			
	Multiply the number of other dep	pendents by \$500	▶ <u>\$</u>			
	Add the amounts above and enter the	ne total here		3	\$	
Step 4 (optional): Other	(a) Other income (not from jobs). In this year that won't have withhold include interest, dividends, and re	ling, enter the amount of other		4(a)	\$	
Adjustments	(b) Deductions. If you expect to o	laim deductions other than the tholding, use the Deductions				
	of the IRS W-4 Forma and	=		4(b)	\$	
	(c) Extra withholding. Enter any action from withholding for the tax year a page 2 of the IRS W-4 Form. Enter "EXEM	, and certify that I meet		4(c)	\$	
Step 5:	Under penalties of perjury, I declare that this ce		dge and belief, is true, co	rrect, a	nd complete.	
Sign						
Here	Employee's signature (This form is not	valid unless you sign it.))	te		
Employers Only	Employer's name and address		1	imploye umber	er identification (EIN)	
For Brivoov Act	and Denominate Reduction Act Notice and po	an 3	No. 102200		Farm W-4 (2020)	

I consent to receive my W-2 form electronically. I agree to print my W-2 form on-line between January 31 and April 15 of the appropriate year. My consent will be valid for all subsequent tax years, unless revoked by me, upon termination, or if this service is not supported in a future tax year. To revoke your consent and receive a paper W-2 form, contact Payroll at hrpayroll@siu.edu to receive the revocation pao0101 form.

Monthly	Faculty/AP	Staff/Grant/Undergrad	

Semi-monthly Civil Service

Bi-weekly Civil Service

Bi-weekly Student



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number Name			 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 3 Enter the additional amount you want withheld 		
City	State	ZIP	I certify that I am entitled to the number of with this certificate.	nholding allowances claimed on	
Check the box if you are exempt f Income Tax withholding and sign a			Your signature	Date	
Printed by the authority			Employer: Keep this certificate with your records. If you		

Printed by the authority of the State of Illinois -PO Number: 2200208 - 500 copies IL-W-4 (R-05/20)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

I consent to receive my W-2 form electronically. I agree to print my W-2 form on-line between January 31 and April 15 of the appropriate year. My consent will be valid for all subsequent tax years, unless revoked by me, upon termination, or if this service is not supported in a future tax year. To revoke your consent and receive a paper W-2 form, contact Payroll at hrpayroll@siu.edu to receive the revocation form.

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