

Form W-4 | Employee's Withholding Allowance Certificate

See Reverse Side for Instructions

Please Type Data Below. This is a tax form. Do not use this form for an Address Change only. On every W-4 form you submit you must indicate your marital status and exemption status or it will be assigned to Single with zero exemptions.

Personal Information					
Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		U.S. Social Security Number		Empl ID (if known)	Home Phone Number
Email Address			Citizenship – Check the box that best describes you <input type="checkbox"/> Born in USA <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Neither If 'Neither', complete International Visitors section at bottom.		
Marital Status – For Tax Withholding (check only one) <input type="checkbox"/> Single (or married but legally separated) <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher Single rate Note: All Nonresident Aliens are required to check either 'Single' or 'Married but withhold at higher Single rate' (see additional instructions on reverse side)					
U.S. Address →	Street	Apt. No.	City	State	Zip
Foreign Address →	Street	Apt. No.	City		
	Province	Country		Postal Code	
Home Information Release – My home address, telephone number, or email address may be made available for the staff directory and released to the public upon request. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Withholding Information					
Exempt (Exempt status expires annually on February 15). International Nonresident Alien employees cannot claim exempt. (This is not international tax treaty. See Glacier instructions on back.) I claim exemption from withholding this year. I certify that I meet BOTH of the following: <ul style="list-style-type: none"> ▪ Last year I had a right to a refund of ALL income tax withheld because I had no tax liability; AND ▪ This year I expect a refund of ALL income tax withheld because I expect to have no tax liability AND that I do not meet the conditions listed on the reverse side. EXEMPT for Federal Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No EXEMPT for Wisconsin State Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No If you have checked yes in one of these boxes, do NOT enter any amounts in the Federal and/or Wisconsin State Tax blocks.					
FEDERAL TAX			WISCONSIN STATE TAX		
Number of Allowances for Federal Tax (leave blank if claiming exempt): _____		Additional Federal Tax to be Withheld: \$ _____	Number of Allowances for State Tax (leave blank if claiming exempt): _____		Additional State Tax to be Withheld: \$ _____
Wisconsin Nonresident Reciprocity Declaration					
I declare that while working in Wisconsin, I am a legal resident of the state indicated below, and that I am not subject to Wisconsin income tax withholding in accordance with a reciprocal tax agreement. Check appropriate box: <input type="checkbox"/> Indiana <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Kentucky If you have checked one of these boxes, do NOT enter any amounts in the Wisconsin State Tax blocks.					
If your UW work is performed outside of Wisconsin , you reside outside of Wisconsin, and you are not a Wisconsin resident, complete the following: USA State or foreign country of Residence: _____ USA State or foreign country where work is performed: _____ U.S. Citizens working outside of the U.S. may qualify for exemption from state and federal income tax by filing IRS Form 673 .					
Under the 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. (This form is not valid unless you sign it.)					
Employee Signature				Date (mm/dd/yyyy)	
All International Visitors Complete the Following – See reverse side for instructions					
Are you a permanent U.S. resident (green card holder)? <input type="checkbox"/> Yes <input type="checkbox"/> No - if 'No', specify Visa Type (current immigration status): _____		Original Date of Entry to the U.S. on current immigration status: (mm/dd/yyyy)		Country of Citizenship:	
				Country of Tax Residence (not U.S.):	

W-4 Instructions

All International Visitors:

All International visitors must provide an email address in order to obtain access to the Glacier Nonresident Alien Tax Compliance System, which is required.

Within one week after your position, visa code and email address have been entered into the Human Resource System, you should receive instructional emails from UWHRAdministration@ohr.wisc.edu and support@online-tax.net. These emails will also contain the web link, login and password you will need to access Glacier.

After you enter your immigration information and history into Glacier's self-service application, Glacier will reveal whether you are a resident or nonresident alien **for tax purposes**. Glacier will also issue tax treaty forms, if you are eligible. Following your Glacier entry, you will be instructed to print, sign and deliver the required forms and immigration document photocopies to the person listed on the second page of your Glacier Tax Summary Report.

Instructions for International Nonresident Aliens:

Marital Status: Check "Single", or if you are married, check "Married but withhold at higher Single rate".

Exempt: Check "No". International Nonresident Alien employees **cannot** claim exempt for either Federal or State Tax. (This is not international tax treaty.)

Number of Allowances for Federal and Wisconsin State Tax: Enter "1" Allowance unless:

You are from Canada or Mexico. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes. Your dependents DO NOT need to live with you in the USA.

You are from the Republic of Korea. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes ONLY if your dependents live with you in the USA.

Students from India: Per IRS regulations, the only Nonresident Aliens eligible to claim the Standard Deduction are Students from India. Write "India Student" in the 'Additional Federal Tax to be withheld' box to claim this benefit.

For more details on federal tax withholding, see [IRS Pub. 15 \(Circular E\), Employer's Tax Guide](#), [IRS Pub. 901 U.S. Tax Treaties](#), and [IRS Pub. 515 Withholding of Tax on Nonresident Aliens and Foreign Entities](#).

Instructions for All Other Persons:

Exempt: You are **not** eligible to claim exempt if:

You can be claimed as a dependent on someone else's tax return, and

1. Your income exceeds \$950 and includes more than \$300 of unearned income (interest on savings, dividends, etc.) for Federal or Wisconsin, **or**
2. Your gross income (total unearned income and earned income) was more than \$9,410 if single, \$12,150 if head of household, \$16,940 if married filing jointly, or \$8,050 if married filing separately.

Allowances: Enter the allowances you can claim. ([IRS Pub. 505](#) will help you figure the number of withholding allowances you can claim). In general you can claim one allowance for:

- yourself, if no one else is claiming you as a dependent,
- your spouse, if your spouse does not work,
- each dependent not claimed by someone else

If claiming "EXEMPT" from federal and/or state withholding you must leave the Allowance Box blank.

To DECREASE withholding, increase the number of allowances.

To INCREASE withholding, decrease the number of allowances.

Additional Tax

If you want additional tax withheld: (1) estimate the yearly amount you have had under withheld; (2) divide the yearly amount by the number of pay periods remaining in the calendar year and enter the result in the Additional Tax blocks. For Wisconsin State tax, a [Form WT-4A](#) must be completed, if you are withholding only a fixed dollar amount. Additional tax withholding amounts are taken from every check. If you wish to discontinue previously requested additional or fixed tax withholding, you must submit a new W4 and/or WT-4A.

Reference Pages

All IRS forms mentioned on this page can be found at <http://www.irs.gov>. For additional tax information, visit <http://www.bussvc.wisc.edu/uwpc/uwpc-taxes-menu.html>.

Employee Self-Identification Form

Last Name:	First Name:	Middle Initial:	Empl ID: (if known)
National ID Type: <input type="radio"/> Social Security Number <input type="radio"/> Individual Tax ID Number		SSN or ITIN:	Date of Birth: mm/dd/yyyy Sex:

The information you provide will be treated as confidential and will not be disclosed in response to a public records request. It will be used for affirmative action reporting and related University purposes.

Routing Instructions: Forward to your local HR/Payroll Office. (If at UW-Madison, send to 21 North Park Street, Suite 5101.)

Ethnicity and Heritage Code

Regional

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?

- Yes No

Please identify yourself as one or more of the following races:

- Black or African American
A person having origins in any of the black racial groups of Africa.
- Asian
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native
A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- White
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or other Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Disability Self-Identification

UW Personal

All new university employees are invited to indicate their status below. It will be used to review progress being made in providing employment opportunities to persons with disabilities.

- I am not a person with a disability.
 I am a person with a disability.

The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. [29 C.F.R. S1630.2(i)]

- I am a person with a severe disability.

Severely disabled person means a person with a chronic disability if the chronic disability meets all of the following conditions:

- It is attributable to a mental or physical impairment or combination of mental and physical impairments.
- It is likely to continue indefinitely.
- It results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, capacity for independent living, and economic self sufficiency. (s.230.04 (9r)(a) 2., Stats.)

Employee Self-Identification Form

Last Name:

First Name:

Middle Initial:

Veterans Survey

If you are a veteran or a spouse of a disabled or deceased veteran, we invite you to indicate your status below. If none of the categories apply to you, please check "None of the selections below apply to me". We are requesting this information to fulfill annual federal and state statistical reporting and affirmative action monitoring requirements. Submission of this information is voluntary and no adverse consequences will result from either providing this information or declining to provide it. Your responses will be kept confidential.

Should you decide not to self-identify your veteran status at this time, you may do so at any time in the future. If you have any questions, please contact your payroll office.

None of the selections below apply to me.

Veteran (If you are a veteran, please select all categories below that apply.)

A person who served on active duty in the U.S. armed forces. Discharge Date: _____ mm/dd/yyyy

Armed Forces Service Medal Veteran (*federal*) Regional

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran (*federal*)

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For a complete list of wars, campaigns and expeditions, please see <http://www.opm.gov/veterans/html/vgmedal2.asp>.

Vietnam Era Veteran (*federal*)

A veteran who served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases.

Wartime Veteran (*state*) UW Personal

A veteran who served in one of the wartime periods or campaigns listed at http://dva.state.wi.us/Ben_preference.asp.

Non-Wartime Veteran (*state*)

A veteran who served on active duty for the full period of service obligation, but did not serve in any of the qualifying wartime periods or campaigns listed at http://dva.state.wi.us/Ben_preference.asp.

Disabled Veteran (*federal*)

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or who was discharged or released from active duty because of a service-connected disability.

Please indicate percent disability: _____ %

Special Disabled Veteran (*federal*)

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.

Spouse of a 70% Disabled Veteran (*state*) UW Personal

A spouse of a disabled veteran whose service-connected disability is 70% or higher.

Spouse of a Deceased Veteran (*state*) UW Personal

An unremarried spouse of a veteran who was killed in action or a veteran who died of a service-connected disability.

Signature:

Date: mm/dd/yyyy

Routing Instructions: Forward to your local HR/Payroll Office. (If at UW-Madison, send to 21 North Park Street, Suite 5101.)

For Office Use Only:

Empl ID: _____

Empl Rcd#: _____