

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type Or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes)
	<input type="checkbox"/> MARRIED (one income)
	<input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California
 Withholding Schedules for 2008 _____
 OR
- Additional amount of state income to be withheld each pay period (if employer agrees), Worksheet C _____

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address:	California Employer Account Number
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