

Jamieson Family Markets

Change of Address/Withholding Notice

INSTRUCTIONS: Please complete both the open sections below as well as the W-4 at the bottom of this sheet and return to your store's Store or Office Manager.

Store Name (Specify SNS/SAL/IGA/PSP/BW)	
State & County of Store Location	

Employee Name (Last/First/Middle)		Social Security #	
Street Address		Date of Hire	
City		Phone Number	
State & Zip Code		Wage Tax Location	
Gender (circle one)		School District	
Date of Birth		Student? (circle one)	Yes No
Full-Time/Part-Time Status (circle one)		Salaried/Hourly Status (circle one)	
Hourly Pay Rate or Weekly Salary		Department	
Job Title		Job Code	
EEOC Class (circle one)			

Form W-4 <small>Department of the Treasury Internal Revenue Service</small>	<h3 style="margin: 0;">Employee's Withholding Allowance Certificate</h3> <p style="font-size: small; margin: 5px 0;">▶ Whether you are entitled to claim a certain number of allowances or 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.</p>	<small>OMB No. 1545-0074</small> <div style="font-size: 2em; font-weight: bold; margin: 0;">2009</div>
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1 Type or print 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 withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> ● 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 (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.)	9 Office code (optional)	10 Employer identification number (EIN)