**Employee's Withholding Allowance Certificate**

**Form W-4**

1. Type or print your first name and middle initial                          Last name
2. Social Security Number

| Home address (number and street or rural route) | 3 | Single  | Married | Married, but withhold at higher Single rate.  
**Note:** If married, but legally separated, or spouse is a nonresident alien, check the Single box. |
| City or town, state, and ZIP code | 4 | If your last name differs from that on your social security card, check here  
and call 1-800-772-1213 for a new card |

5. Total number of allowances you are claiming (from line H above or from the worksheets if they apply) 5

6. Additional amount, if any, you want withheld from each paycheck 6 $

7. I claim exemption from withholding for 2015 and I certify that I meet BOTH of the following conditions for exemption:
   - 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, enter “EXEMPT” here 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

**Employee’s signature**
(Form is not valid unless you sign it) ___________________________________________ Date ________________________, 20____

8. Employer’s name and address (Employer: Complete 8 and 10 only if sending to the IRS) Wichita State University; 1845 Fairmount; Wichita, Kansas 67260--0038

9. Office Code

10. Employer identification number 48-6029925

**STATE OF KANSAS EMPLOYEE’S OATH**

K.S.A. 75-4308 et seq requires that the following oath from K.S.A. 54-106, be signed by new employees before entering the duties for employment and before funds for services may be disbursed:

I do solemnly swear (or affirm) that I will support the constitution of the United States and the constitution of the State of Kansas, and faithfully discharge the duties of my office of employment. So help me God.

______________________________
(Employee’s Signature)

**NOTARY USE ONLY:**

State of Kansas  
County of Sedgwick

Signed and sworn to (or affirmed) before me this _______day of ___________________ 20_____, by _____________________________.

My commission expires ____________, 20_____.

Notary Public ____________________________ Notary Seal