

# EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name John C. Wes Caranci Social Security No.                     

Print home address 1821 Mineral Sp. Ave. City Providence State Rhode Island

**EMPLOYEE:**  
File this form with your employer. Otherwise, he must withhold U. S. income tax from your wages without exemption.

**EMPLOYER:**  
Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

## HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1".
2. If MARRIED, one exemption each for husband and wife: if not claimed on another certificate.
  - (a) If you claim both of these exemptions, write the figure "2".
  - (b) If you claim one of these exemptions, write the figure "1".
  - (c) If you claim neither of these exemptions, write "0".
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents).
  - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2".
  - (b) If you or your wife are blind, and you claim this exemption, write the figure "1" if both are blind and you claim both of these exemptions, write the figure "2".
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.)
5. Add the number of exemptions which you have claimed above and write the total 5

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) April 9, 1956 16-70811-1 (Signed) John C. Caranci

APPROVED FOR RELEASE DATE:  
12-Nov-2008