

\*Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Use your mailing address.

City, State and Zip Code: \_\_\_\_\_

Reason for Exemption (enter ~~the~~ number from the list below) \_\_\_\_\_

Multiple Employers – Please attach a current pay stub from your primary employer. We

Employer:

1. Once you receive this exemption certificate you shall not withhold