



Norman H. Bangerter  
Governor

Gordon L. Crabtree, C.P.A.  
Director

RECEIVED  
State of Utah  
Department of Administrative Services  
Division of Finance  
WATER RIGHTS  
SALT LAKE

2110 State Office Building  
Salt Lake City, Utah 84114  
(801) 538-3020

NOV 06 1991

Date: 7/22/94

Dear Employee:

We are returning the attached Form W-4 for the reason(s) checked below. Please take the appropriate action. If you choose to return a valid Form W-4, please attach it to this letter. This will help us give your form immediate attention.

\_\_\_ Your name and/or social security number do not match our payroll records. Your name and social security number on our payroll records and on your W-4 should match what is shown on your social security card. If our payroll records are correct, please send us a corrected Form W-4. If our payroll records are in error, return the attached W-4 and a copy of your social security card so we can correct our payroll records.

Your Marital Status Code is missing.

\_\_\_ Your Total Number of Allowances is missing.

\_\_\_ Your Signature and/or the Date is missing.

\_\_\_ Your form claiming EXEMPT Status is not properly completed. Follow the instructions on the Form W-4 carefully.

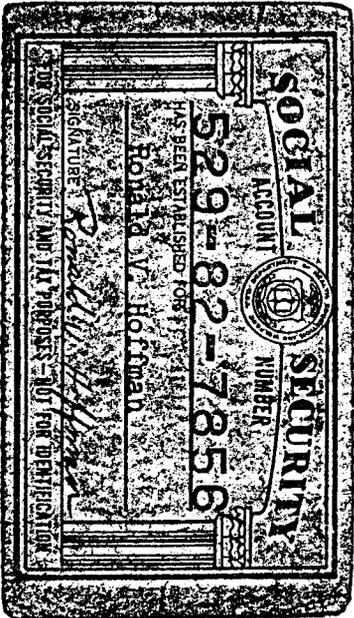
\_\_\_ Your form has been improperly modified so as to make it invalid.

\_\_\_ Your form is suspected of containing false information because you have filed so many W-4 changes or because your change in the number of allowances appears excessive. Please explain.

We are unable to process your Form W-4 for the reason(s) stated above. Internal Revenue Service regulations require us to continue to withhold according to your latest Form W-4 until we receive a valid replacement form.

Sincerely,

Mark Austin  
State Payroll Coordinator



# Employee's Withholding Allowance Certificate

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

**1** Type or print your first name and middle initial RONALD V. Last name HOFFMAN **2** Your social security number 529-82-7856

Home address (number and street or rural route) PO Box 93

City or town, state, and ZIP code Randolph, UTAH 84064

**3** Marital status  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.

**4** Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) 2

**5** Additional amount, if any, you want deducted from each pay \$

**6** I claim exemption from withholding and I certify that I meet ALL 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; AND  
 • This year if my income exceeds \$550 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here 6 19

**7** Are you a full-time student? (Note: Full-time students are not automatically exempt.)  Yes  No

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 Ronald Hoffman Date July 2 - 19 91

**8** Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS) **9** Office code (optional) **10** Employer identification number

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$4,000 . . . . .	0	0 - \$6,000 . . . . .	0
4,001 - 8,000 . . . . .	1	6,001 - 10,000 . . . . .	1
8,001 - 12,000 . . . . .	2	10,001 - 14,000 . . . . .	2
12,001 - 17,000 . . . . .	3	14,001 - 18,000 . . . . .	3
17,001 - 21,000 . . . . .	4	18,001 - 22,000 . . . . .	4
21,001 - 26,000 . . . . .	5	22,001 - 45,000 . . . . .	5
26,001 - 30,000 . . . . .	6	45,001 and over . . . . .	6
30,001 - 35,000 . . . . .	7		
35,001 - 40,000 . . . . .	8		
40,001 - 55,000 . . . . .	9		
55,001 - 75,000 . . . . .	10		
75,001 and over . . . . .	11		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$46,000 . . . . .	\$320	0 - \$26,000 . . . . .	\$320
46,001 - 94,000 . . . . .	600	26,001 - 55,000 . . . . .	600
94,001 and over . . . . .	670	55,001 and over . . . . .	670

**Privacy Act and Paperwork Reduction Act Notice.**—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 70 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224, Attention: IRS Reports Clearance Officer, T:FP; and the **Office of Management and Budget**, Paperwork Reduction Project (1545-0010), Washington, DC 20503. **DO NOT** send the tax form to either of these offices. Instead, give it to your employer.