



The University Of

T A M P A

STUDENT PAYROLL AUTHORIZATION

Please complete and return to the Financial Aid Office

(A) TO BE COMPLETED BY SUPERVISOR:

Department Name: _____
Please Print

Department Number: _____

Supervisor Name: _____
Please Print

Supervisor Signature: _____

Effective Employment Date: _____

Employment Term: _____

Type of Employment: _____

Hourly Wage: _____

(B) TO BE COMPLETED BY FINANCIAL AID OFFICER:

Employment Approved Signature

Date

(C) TO BE COMPLETED BY STUDENT:

Student's Name: _____

Student ID#: _____

Current Local Address: _____

Soc. Sec. #: _____

UT Box #: _____ Phone: _____

Are you enrolled full time? (circle one)

Country of Legal Residence: _____

*Note students are not automatically tax exempt

Yes / No

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ 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.		OMB No. 1545-0074 20	
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 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 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 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
7 I claim exemption from withholding for 20 . . . 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 (This form is not valid unless you sign it.) ▶				Date ▶	

