

Agricultural Worker Tax Withholding Certificate

Employee Information

Full Name

Social Security Number

Address

City

State

ZIP Code

Employer Information

Employer Name

Employer TIN

Employer Address

City

State

ZIP Code

Tax Withholding Details

Effective Date

Number of Exemptions

Filing Status

Other Information

Certification

I certify that the information given on this certificate is true and correct to the best of my knowledge.

Employee Signature

Date

