

Temporary Worker Tax Withholding Certificate

Employee Information

Full Name

Social Security Number / Tax ID

Address

City

State

ZIP Code

Withholding Status

Filing Status

Number of Dependents

Additional Amount to Withhold (if any)

Employer Information

Employer Name

Employer Identification Number

Employer Address

Certification

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

Signature

Date