

How to Claim EXEMPT on the STATE W-4ME

If one of these statements is true:

a. You claimed "Exempt" on line 7 of your federal Form W-4 **OR** b. You completed federal Form W-4P and checked the box on line 1 **OR** c. Resident employee with no Maine tax liability in prior or current year **OR** d. Recipient of periodic retirement payments with no tax liability in prior or current year
You can choose to claim EXEMPT on your W-4ME tax form. All highlighted areas on the form below are areas that MUST be filled out in order to claim EXEMPT. Failure to complete all highlighted areas or filling in *additional* areas will invalidate the form. Read the entire form carefully before filling it out.

FORM W-4ME		MAINE	
Employee's Withholding Allowance Certificate			
1. Type or print your First Name Bananas	Last Name The Bear	2. Your Social Security number 9 9 9 - 9 9 - 9 9 9 9	
Home address (number and street or rural route) 1 Main Street		3. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	Rate
City or town Orono	State ME ZIP Code 04473	<input type="checkbox"/> Married Note: If married but not claiming an exemption, check the single box.	
4. Total number of allowances you are claiming from line C of the worksheet below..... 4.			
5. Additional amount, if any, you want withheld from your paycheck..... 5.		\$	
6. If you do not want any state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:			
a. You claimed "Exempt" on line 7 of your federal Form W-4.....		6a.	<input checked="" type="checkbox"/>
b. You completed federal Form W-4P and checked the box on line 1.....		6b.	<input type="checkbox"/>
c. Resident employee with no Maine tax liability in prior or current year.....		6c.	<input type="checkbox"/>
d. Recipient of periodic retirement payments with no tax liability in prior or current year.....		6d.	<input type="checkbox"/>
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.			
EMPLOYEE'S/PAYEE'S SIGNATURE			
(Form is not valid unless you sign it.)		Bananas The Bear 9/1/07	
TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)			
7. Employer/Payer name and address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services)		8. Employer/Payer Identification Number	

Write your name

Write your SS#

Write your permanent home address

Check the box that applies to you

Check the box that applies to you

SIGN and DATE