



Government of Puerto Rico  
Department of the Treasury  
**WITHHOLDING EXEMPTION CERTIFICATE**

**READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS WITHHOLDING EXEMPTION CERTIFICATE**

Complete this form and submit it to your employer. Otherwise, the employer is required to withhold your income taxes without taking into consideration your personal exemption, exemption for dependents and allowance based on deductions, pursuant to the Internal Revenue Code for a New Puerto Rico Code).

ANY CHANGES IN THE PERSONAL EXEMPTION, THE NUMBER OF DEPENDENTS OR THE ALLOWANCE BASED ON DEDUCTIONS, REQUIRE THE FILING OF AN AMENDED CERTIFICATE.

**FOR EMPLOYEE'S USE ONLY**

Employee's name Angela Ch Ruiz Rivera Employee's social security number 598-36-6911

Spouse's name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address Carretera 662 Km 5.5 sector El Alto Garrochales Arecibo Postal address P.O. Box 81 Garrochales PR 00652

Check here if your annual gross wages do not exceed \$20,000. If you want your employer to withhold income taxes on your wages, complete Part D. Otherwise, proceed to sign this Certificate.

Check here if you choose the provisions of the Military Spouses Residency Relief Act. (See instructions)

Check here if you choose the optional computation of tax in the case of married individuals living together and filing a joint return. (See instructions)

A. PERSONAL EXEMPTION	Complete (less withholding)	Half	None (more withholding)
1. Individual taxpayer.....	X		
2. Married person .....			
3. Additional veterans personal exemption .....			

B. EXEMPTION FOR DEPENDENTS: Number of Dependents 1 Complete Exemption  Joint Custody

**C. ALLOWANCE BASED ON DEDUCTIONS**

1. ALLOWANCE BASED ON THE SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS (See instructions)  Complete  None

2. ALLOWANCE BASED ON DEDUCTIONS (OPTIONAL):

(a) Home mortgage interest .....	00
(b) Charitable contributions .....	00
(c) Medical expenses .....	00
(d) Interest paid on student loans at university level .....	00
(e) Contributions to governmental pension or retirement systems (See instructions) .....	00
(f) Contributions to Individual Retirement Accounts .....	00
(g) Educational Contributions Account .....	00
(h) Contributions to health savings accounts .....	00
(i) Casualty loss on your principal residence .....	00
(j) Loss of personal property as a result of certain casualties .....	00
(k) Total deductions .....	00
3. Number of allowances based on deductions (Divide line 2(k) by \$500) .....	
4. Allowances that you want to claim (May be less or equal to line 3) .....	

If you are a governmental employee, mark to indicate if you participate in any of the following programs (See instructions):  
 Retirement Withholding Supplementary Plan  
 Retirement Savings Accounts Program (Indicate the percentage that you elected as contribution \_\_\_\_\_%)

**D. ELECTION FOR ADDITIONAL WITHHOLDING**

I authorize my employer to withhold in each payroll period the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % from my wages in **addition** to the tax required to be deducted and withheld according to the provisions of Section 1062.01 of the Code. (See instructions)

**OATH**

I declare under the penalty of perjury that I have examined this form, and to the best of my knowledge, the information contained herein is true, correct and complete. I also certify that the personal exemption, exemption for dependents and the allowance based on deductions claimed herein, for purposes of withholding of income tax on wages, do not exceed the amount that I am entitled to claim on the income tax return, according to the Code.

Angela Ch Ruiz Rivera  
Employee's signature

02-19-15  
Date