

# 2016 Minnesota Employee Withholding Allowance/ Exemption Certificate

## Employees

You must complete and give this form to your employer if you:

- claim fewer Minnesota withholding allowances than your federal allowances;
- claim more than 10 Minnesota withholding allowances;
- want additional Minnesota tax withheld from your pay each pay period; or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

Do not complete this form if you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less.

Employee Information	Employee's First name and initial Linda M	Last name Triggs	Employee's Social Security number 369-56-4224
	Permanent address 50 Trelawney Run		Marital status (check one box) <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien
	City Covington	State Ga	ZIP code 30016
			<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate

Employees: Read instructions on back, complete Section 1 OR Section 2, sign and give the completed form to your employer. (Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.)

Minnesota Allowances	<input type="checkbox"/> Section 1 —Determining Minnesota allowances								
	Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/ OR if you want additional Minnesota withholding deducted each pay period.								
	<table border="0"> <tr> <td>1 Total number of federal allowances claimed on federal Form W-4 .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>2 Total number of Minnesota allowances (line 2 cannot be more than line 1) .....</td> <td>2</td> <td>0</td> </tr> <tr> <td>3 Additional Minnesota withholding you want deducted each pay period .....</td> <td>3</td> <td>\$ 0</td> </tr> </table>	1 Total number of federal allowances claimed on federal Form W-4 .....	1	0	2 Total number of Minnesota allowances (line 2 cannot be more than line 1) .....	2	0	3 Additional Minnesota withholding you want deducted each pay period .....	3
1 Total number of federal allowances claimed on federal Form W-4 .....	1	0							
2 Total number of Minnesota allowances (line 2 cannot be more than line 1) .....	2	0							
3 Additional Minnesota withholding you want deducted each pay period .....	3	\$ 0							

Exempt from Minnesota Withholding	<input type="checkbox"/> Section 2 —Exemption from Minnesota withholding
	Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:
	<input type="checkbox"/> I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
	<input type="checkbox"/> Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.
	<input type="checkbox"/> My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is .....
	<input type="checkbox"/> I am an American Indian living and working on a reservation.
<input type="checkbox"/> I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.	

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/ exemption certificate.

Employee's signature <u>Linda M Triggs</u> <small>Linda M Triggs (Jan 22, 2018)</small>	Date <b>Jan 22, 2018</b>	Daytime phone 404-787-4370
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Employees: Give the completed form to your employer.

## Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), you must enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. (Incomplete forms are considered invalid.) A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

Employer Information	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number
	Address	City	State ZIP code

# Form W-4MN Instructions

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## Employer Instructions

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All new employees must complete federal Form W-4 when they first begin work for you. Some employees must also complete Form W-4MN.

### Should my employee complete Form W-4MN?

Do not have your employee complete Form W-4MN if they:

- claim the same number of Minnesota withholding allowances as federal,
- are not requesting additional Minnesota taxes be withheld from their wages, AND
- are not claiming to be exempt from Minnesota withholding.

Employees who complete Form MWR should not complete Form W-4MN. When determining Minnesota withholding for employees who do not need to complete Form W-4MN, use the same number of allowances the employee listed on Form W-4.

You are not required to verify the number of allowances claimed by each employee.

For more information, see When to Complete under Employee Instructions. Keep all forms in your records.

Honor each Form W-4MN you receive unless we notify you otherwise or if the employee claims more Minnesota than federal allowances. If the employee claims more Minnesota than federal allowances, use the number of federal allowances to determine the Minnesota withholding (see Section 1).

### How should I determine Minnesota withholding for an employee that doesn't complete Forms W-4 or W-4MN?

Withhold Minnesota tax as if the employee is single with zero withholding allowances.

If your employee claims exempt from Minnesota withholding, they must provide you with a new Form W-4MN by Feb. 15 of each year. Exempt forms received during the year must be submitted to the department within 30 days of receipt from the employee.

### Do I need to send a copy of Form W-4MN to the department?

Send copies of Form W-4MN to the department if the employee:

- claims more than 10 Minnesota withholding allowances; or
- claims to be exempt from Minnesota withholding and you reasonably expect the employee's wages to exceed \$200 per week (Exception: If the employee is a resident of a reciprocity state and has completed Form MWR); or
- you believe the employee is not entitled to the number of allowances claimed.

You do not need to submit the Form W-4MN to the department if the employee is asking to have additional Minnesota withholding deducted from their pay or is claiming fewer Minnesota withholding allowances than federal.

A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

### Invalid Forms W-4MN

The following situations make the Form W-4MN invalid:

- any unauthorized change or addition to the form, including any change to the language certifying the form is correct;
- if, by the date an employee gives it to you, he or she indicates in any way the form is false;
- the form is incomplete or lacks the necessary signatures;
- both Section 1 AND Section 2 were completed;
- the employer information is incomplete.

### What do I do if I receive an invalid Form W-4MN?

Do not use it to figure Minnesota income tax withholding. Tell the employee it is invalid and they must complete and submit a new one. If the employee does not give you a valid one, withhold taxes as if the employee was single and claiming zero withholding allowances. However, if you have an earlier Form W-4MN for this worker that is valid, withhold as you did before.

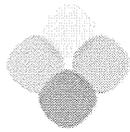
### Questions?

Go to [www.revenue.state.mn.us](http://www.revenue.state.mn.us) for additional forms and information, fact sheets, and answers to frequently asked questions.

Email: [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us)

Phone: 651-282-9999 or 1-800-657-3594.

Information in other formats is available upon request to persons with disabilities.



**Notification of Minnesota Law Requirement –  
Unemployment Acknowledgement**

*According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.*

*This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.*

It is your responsibility to contact ESSG through Corporate Management Group (for instance, by calling 303-920-1425 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. mt (Initial)

Linda M Triggs  
linda M Triggs (Jan 22, 2018)

Employee Signature:

Jan 22, 2018

Date:

linda M Triggs

Employee (please print your name here)

**Telephone: 303-920-1425  
12000 N. Washington Street Suite 350  
Thornton, CO 80241**



# Minnesota Tax Form and Unemployment Acknowledgment

Adobe Sign Document History

01/22/2018

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