(Date) Hoy June 3, 19 SP 16-70011-1 (Signed) Well of Toland		Print foll name  Print home address AAAAAA'S TOTAL  EMPLOYEE:  File this form with your employer. Othe arche, bu must with wold U. S. income tax from your wages willhout exemption.  EMPLOYEE:  Keep this certificate with your records. If the employee is believed to have chalmed tee many examptions for age and blindness (applicate with your records. If the employee is believed to have chalmed to many examptions for one or your wife are blind, and and you claim both of these exemption figure '2'  (b) If you or your wife are blind, and and you claim both of these exemption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption for a dependent unless you a second to recomption to r	icable only to you and your wife but not to depended RAND JURY are of age or older at the end of the year, and your kHTBTTE Non-will be 65 or older, and you claim both of these exemptions, write the you claim this exemption, write the figure "1" if both Aybling, 1960 ions, write the figure "2" e dependents, write the number of such exemptions. (Do not claim e qualified under instruction 3 on other side.)  you have claimed above and write the total.
	on this certificate don not exceed the number to which I am entitled.		

FORM W-4 (Rev. Au U. S. Treasury Depar Internal Revenue S Print full name	RIBERT TAUCES REED Social Security No. 296307-83	52.
Print home addre	ss WARACK'S POINT City D. Amford State CONN	
File this form with your employer. Otherwise, he must withhold U. S. Income tax from your wages without exemption.  EMPLOYER:  Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.	HOW TO CLAIM YOUR WITHHOUDING EXEMPTIONS  1. If SINGLE, and you claim an exemption, write the figure "1".  2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.  (a) If you claim both of these exemptions, write the figure "2" (b) If you claim one of these exemptions, write the figure "1" (c) If you claim neither of these exemptions, write "0"  3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):  (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2".  (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2".  4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.)	6
I CERTIFY that	the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.  Tune 3, 195P 16-70611-1 (Signed)	