

**PUBLIC HEALTH SERVICE COMMISSIONED OFFICER'S
STATE TAX WITHHOLDING ALLOWANCE CERTIFICATE**

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|--|----------------|--|--|
| 1. First Name | Middle Initial | Last Name | 2. Your Social Security Number |
| (Type or Print) | | | |
| Home Address (Number and Street or Rural Route) | | 3. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single box. | |
| City or Town, State, and Zip Code | | | |
| 4. Total number of allowances you are claiming | | | 4 |
| 5. Additional amount, if any, you want deducted from each pay | | | 5 \$ |
| 6. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemptions: • Last year I had a right to a refund of ALL State income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$500 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter the year effective and "EXEMPT" here | | | |
| 7. Are you a full-time student? (Note: Full-time students are not automatically exempt.) | | | 6 YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. | | | |

Employee's Signature:

Effective Date ▷ (mm/dd/yyyy)

| | |
|--|-----------------------------------|
| 8. Employer's name and address Commissioned Corps Headquarters ATTN: Financial Services Branch 1101 Wootton Parkway, Suite 300 Rockville, MD 20852 | USE FOR STATE TAX ONLY |
| | STATE OF _____ |

Public Health Service Commissioned Officer's
State Tax Withholding Allowance Certificate
PHS-6353

Privacy Act Notice

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records, HHS/PSC/HRS," and 09-40-0010, "Pay, Leave and Attendance Records, HHS/PSC/HRS."

This information is used to certify entitlement to the number of State withholding allowances claimed on the certificate or entitlement to claim exempt status for State withholding allowance purposes. This information will be used only as necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

Effects of Nondisclosure: Disclosure of the Social Security Number (SSN) is mandatory under provisions of Executive Order 9397 to obtain benefits and services as or on behalf of a commissioned officer. The SSN is also used to distinguish a record from those commissioned officers who may have similar names and dates of birth. Failure to provide the information will result in accumulating a State taxable wage based on the individual's home of record. All statements are subject to verification.