

I do NOT wish to have any FEDERAL taxes withheld from this additional lump sum payment.

I do NOT wish to have any STATE taxes withheld from this additional lump sum payment

Date

Employee Signature

If you wish to ADJUST the withholding for federal and/or state taxes on this additional lump sum payment, please complete the appropriate form below.

Form W-4 Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

For Privacy Act and Paperwork Reduction Act Notice, see reverse.

Form fields including: 1 Type or print your first name and middle initial, Last name, 2 Your social security number, Home address, City or town, state, and ZIP code, 3 Single/Married status, 4 If your last name differs from that on your social security card, 5 Total number of allowances, 6 Additional amount, 7 I claim exemption from withholding for 1997...

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.

Form fields including: Employee's signature, Date, 8 Employer's name and address, 9 Office code (optional), 10 Employer identification number

Cat. No. 10220Q

STATE OF OHIO DEPARTMENT OF TAXATION

Form IT-4 (11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Form fields including: Name, Social Security No., Address, Public School District of Residence, School District No., 1. Personal exemption for yourself, 2. If married, personal exemption for your spouse, 3. Exemptions for dependents, 4. Add the exemptions which you have claimed above and enter total, 5. Additional withholding per pay period under agreement with employer, Signature, Date