Centralized Employee Registry Reporting Form Submit this information online at TO BE COMPLETED BY THE EMPLOYER www.iowachildsupport.gov within 15 days of hire. Please Print or Type. ...or mail this portion of the page to Centralized Employee Registry, PO Box 10322, Des Moines IA 50308-0322; or fax **EMPLOYER INFORMATION** to 1-800-759-5881. **FEIN Required** Telephone Number: (____) ___ FEIN plus last 3-digit suffix used when filling lowa withholding tax. Address: _ City:_ State: ZIP: Questions: For A through D below, please see instructions on back for definitions and clarification. A. Is dependent health care coverage available? Yes or No B. Approximate date this employee qualifies for coverage: C. Employee start date: D. Address where income withholding and garnishment orders should be sent, if different than above address. Address: ___ City: ___ ____ State: ZIP: **EMPLOYEE INFORMATION** Employee's Date of Birth: Employee's Social Security Number: Last Name: _ __ First Name: ___ _____ Middle Initial: _ Address: _____ State: ___ Iowa Department of Revenue www.iowa.gov/tax Employee Withholding Allowance Certificate Marital status: 🔲 Single 🔲 Married (if married but legally separated, check Single) To be completed by the employee Print your full name _ _____Social Security Number: _ Home Address City State:___ EXEMPTION FROM WITHHOLDING. If you do not expect to owe any lowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: _____ and the year effective here: _____ Nonresidents may not claim this exemption. Check this box if you are claiming exemption from lowa tax based on the Military Spouses Residency Relief Act of 2009. If claiming the military spouse exemption, enter your state of domicile here: ____ IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING: 1. Personal allowances 2. Allowances for dependents 3. Allowances for Itemized deductions 4. Allowances for adjustments to income 6. Total allowances. Add lines 1 through 5. 7. Additional amount, if any, you want deducted each pay period7.

I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status. Employee Signature:___

Date:_

complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form. Employer's name / address:

FEIN:

44-019a (08/12/14)