



**UNIVERSITY OF NEW MEXICO
PAYROLL DEPARTMENT (MSC01 1230)
STATE TAX WITHHOLDING FORM**

PRINT NAME: LAST, FIRST

UNM ID NUMBER

1. **ADDITIONAL AMOUNT TO BE WITHHELD PER PAY PERIOD:** _____
(Whole Dollars Only)
2. **CANCEL ADDITIONAL AMOUNT**
3. **DEDUCTIONS AMOUNT (Step 4b):** _____
(Whole Dollars Only)
4. **EXEMPT FOR TAX YEAR** _____. **I AM A NON-RESIDENT OF THE STATE OF NM and I AM A RESIDENT OF** _____. **I UNDERSTAND THIS FORM MUST BE COMPLETED BY THE END OF JANUARY EACH YEAR.**
5. **I NO LONGER WISH TO BE EXEMPT FROM NEW MEXICO INCOME TAX WITHHOLDING.**
6. **EXEMPT – I OPT TO BE EXEMPT FROM NEW MEXICO INCOME TAX WITHHOLDING. I UNDERSTAND THAT TAXABLE INCOME WILL STILL BE REPORTED TO THE STATE OF NEW MEXICO ON MY W-2.**

NOTE: If you make changes to your Federal W-4 online using LoboWeb, Exempt status, Filing Status or Deductions amount (4b) will overwrite each of the above and you must complete this form again to reinstate any of the above options.

To the best of my knowledge, I declare that this certificate is true, complete and correct. By signing below I certify that I will verify this change on my next earnings statement or check. If an error is found, it will be reported to the Payroll Department immediately.

I assume full responsibility for this change and the impact it will have on my W-2.

SIGNATURE

DATE