

## Special Withholding Procedures

Neb. Rev. Stat. § 77-2753 (1)(b) as amended by LB 223, section 12

Employee Name	Student Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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DEPENDENT INFORMATION		
Name	Relationship to You	Social Security Number (Last four digits)

<b>ITEMIZED DEDUCTION INFORMATION</b> • Use the space below to provide detailed information i.e., mortgage interest, property and state income tax payments, charitable contributions, excess medical expenses, casualty loss, etc.
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Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Based upon the documentation provided, the number of withholding allowances for Nebraska income tax purposes is .....
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Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete.

<b>sign here</b> → _____ <small>Signature of Employee</small>	_____ <small>Date</small>
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cc: Employee's Personnel File