



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: _____
Note: This amount overrides/replaces existing amounts. (Whole Dollars Only)
2. CANCEL ADDITIONAL AMOUNT
3. WAIVED – I AM A NON-RESIDENT OF THE STATE OF NEW MEXICO and I AM A RESIDENT OF _____. I UNDERSTAND THIS FORM MUST BE COMPLETED BY THE END OF JANUARY EACH YEAR.
4. I NO LONGER WISH TO BE WAIVED FROM NEW MEXICO INCOME TAX WITHHOLDING
5. WAIVED – I OPT TO BE WAIVED FROM NEW MEXICO INCOME TAX WITHHOLDING. I UNDERSTAND THAT TAXABLE INCOME WILL STILL BE REPORTED TO THE STATE OF NEW MEXICO ON MY W2.

NOTE: If you make changes to your W-4 online using LOBOWEB, those changes 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 W2.

SIGNATURE

DATE