



**State Withholding Information – “All States” W-4**

I hereby authorize Richards Healthcare, Inc. to deduct state income taxes, when appropriate, utilizing the following guidelines:

Name: \_\_\_\_\_

Permanent Address (1): \_\_\_\_\_

Permanent Address (2): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of Exemptions: \_\_\_\_\_

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Signature

Date