FORM W-4 (Rev. July 1964)
U.S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name James Malcolm McHead Social Security Account Number 428-50-5374

Print home address 225 Florence Ave. City Clarksdale State Miss

EMPLOYEE:
File this form with your employer. Otherwise, he must withhold U.S. income tax from your wages without exemption.

EMPLOYER:
Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim your exemption, write "1", if you do not, write "0" . . . . . .
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, write "2"
   (b) If you claim one of these exemptions, write "1"
   (c) If you claim neither of these exemptions, write "0" } 1
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
   (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2" . . . . . .
   (b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2" . . . . . .
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 3 on other side.) . . . . . .
5. Add the number of exemptions which you have claimed above and write the total 1
6. Additional withholding per pay period under agreement with employer. *See* Instruction 1 . . . . . $

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) 5-1, 1969 659—10—78780-1 (Signed) James M. McHead