Form W-4		Employee's Withholding Certificate Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.					OMB No. 1545-0074		
Department of the Treasury Internal Revenue Service		Your withholding is subject to review by the IRS.					— `		
	(a) First name and middle initial Aarti		Last name Paan				(b) Social security number 705-45-0075		
Step 1: Enter	Address 1930 N Calvert St apt 201 Arlington, VA					social secu get credit	Does your name match the name on your social security card?If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.		
Personal nformation		City or town, state, and ZIP code Arlington VA 22201							
	 (c) Single or Married filing separately Married filing jointly or Qualifying surviving spouse Head of household (Check only if you"re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) 								
		if they apply to you; otherwise s, and privacy.	e, skip to Step 5. See page	2 for more informat	ion on each step	, who can cl	aim exe	mption from	
Step 2: Mult Spouse Wo	tiple Jobs or rks		is step if you (1) hold mo The correct amount of wi						
Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This									
			nerally more accurate thang job. Otherwise, (b) is m						
		TIP: If you h	ave self-employment incc	me, see page 2.					
		Form W-4 for only one of these n the Form W-4 for the high		blank for the other j	obs. (Your withh	olding will be	e most a	ccurate if you	
Step 3: Claim Dependent and Other Credits		If your total income will be			filing jointly):				
			ualifying children under a the		\$ \$				
		Add the amounts above fo amount of any other credit	r qualifying children and o	other dependents. Y			3	\$	
Step 4 (optic Adjustments		(a) Other Income (not from j that won't have withholding dividends, and retirement i	g, enter the amount of oth	er income here. Th	is may include in	terest,			
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Workshott on page 2 and enter the result have					4(a)	\$			
reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here						Ļ	4(b)	\$	
Step 5: Sign	Under penal	(c) Extra withholding. Ente		· · · · ·			4(c)	\$	
Here								_	
	Employee	Employee's signature (This form is not valid unless you sign it.) Date							
Only George 44983		ame and address e Washington University KNOLL SQUARE, SUITE 391 URN VA 20147				First date of employment		nployer identification Imber (EIN) 530196584	
or Privacy Act	and Paperwor	k Reduction Act Notice, see pa	age 3.		Cat. No. 1022	20Q		Form W-4 (2023	