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.

| Internal Revenue Se  | ,  | Your withholding  | g is subject to review by the IF  | RS.                                     |  |  |
|--|--|---|-----------------------------------|---|--|--|
| Step 1:  | (a) i  | irst name and middle initial  | Last name                         |   | b) Social security number  |  |
| Enter<br>Personal<br>Information   | Addr<br>City (   | or town, state, and ZIP code  |                                   |   | Does your name match the name on your social security card? If not, to ensure you get redit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov. |  |
|  | (c)  | Single or Married filing separately   |                                   |   |  |  |
|  |  | Married filing jointly or Qualifying surviving s  | pouse                             |   |  |  |
|  | 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.)   |   |                                   |   |  |  |
|  |  | 4 ONLY if they apply to you; otherwis m withholding, and when to use the esti                                   |                                   |   | on each step, who can  |  |
| Step 2:<br>Multiple Job  |  |   |                                   |   |  |  |
| or Spouse  | Do <b>only one</b> of the following.   |   |                                   |   |  |  |
| Works  | (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or   |   |                                   |   |  |  |
|  |  | (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 option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate |   |                                   |   |  |  |
| be most accur  |  | 4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form                                      | W-4 for the highest paying j      | ob.)                                    | (Your withholding will   |  |
| Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married |  |   |                                   | • |  |  |
| Claim<br>Dependent   |  | Multiply the number of qualifying of  | hildren under age 17 by \$2,0     | 00 \$                                   |  |  |
| and Other<br>Credits   |  | Multiply the number of other deper  | -                                 |   |  |  |
|  |  | Add the amounts above for qualifying this the amount of any other credits.                                      |                                   | ents. You may add to                    | 3 \$   |  |
| Step 4<br>(optional):<br>Other   |  | (a) Other income (not from jobs).<br>expect this year that won't have wi<br>This may include interest, dividend | ithholding, enter the amount      | of other income here.                   | <b>4(a)</b> \$   |  |
| Adjustment   | S  | (b) Deductions. If you expect to claim want to reduce your withholding, u the result here                       |                                   |   | <b>4(b)</b> \$   |  |
|  |  | (c) Extra withholding. Enter any addit  | íonal tax you want withheld e     | each <b>pay period</b>                  | 4(c) \$  |  |
| Step 5:  | Und  | er penalties of perjury, I declare that this certif   | ficate, to the best of my knowled | dge and belief, is true, corr           | ect, and complete.   |  |
| Sign<br>Here   |  |   | •                                 | •                                       | ·  |  |
|  | En   | <b>aployee's signature</b> (This form is not val  | lid unless you sign it.)          | Date                                    |  |  |
| Employers<br>Only  | Emp  | loyer's name and address  |                                   |   | nployer identification<br>mber (EIN)   |  |
|  |  |   |                                   |   |  |  |