IRS Form W-4 — Employee's Withholding Certificate

Equivalent to IRS Form W-4 for employee tax withholding elections. Not an official IRS form.

EMPLOYEE'S WITHHOLDING CERTIFICATE

(Equivalent to IRS Form W-4)

Complete this form so that your employer can withhold the correct federal income tax from your pay. Give this form to your employer. Do not send to the IRS.

Step 1 — Personal Information

First name and middle initial: Jane M.
Last name: Doe
Social security number: XXX-XX-XXXX

Address: 123 Main Street, Apt 4B
City, state, and ZIP code: New York, NY 10001

Filing status: [Filing Status]

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.

Step 2 — Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple jobs or spouse works: No

Option (a): Use the estimator at www.irs.gov/W4App for the most accurate withholding; or

Option (b): Use the Multiple Jobs Worksheet on IRS Form W-4 instructions and enter the result in Step 4(c) below; or

Option (c): If there are only two jobs total, you may check the box in this step. Do the same on the 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.

TIP: To be accurate, submit a new Form W-4 for all other jobs. If you (and your spouse, if applicable) have a total of only two jobs, you may instead check the box on this step. The standard deduction and tax brackets will be cut in half for each job to calculate withholding.

Step 3 — Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly), complete this step to determine the amount of the child tax credit and credit for other dependents that you may be able to claim.

Number of qualifying children under age 17: 0 (multiply by $2,000)
Number of other dependents: 0 (multiply by $500)

Total credit for dependents: $2,000

Note: To qualify, the child must have a Social Security number, live with you for more than half the year, be under age 17 at the end of the year, not provide more than half of their own support, and be claimed as a dependent on your tax return.

Step 4 — Other Adjustments (Optional)

(a) Other income. If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income: $0

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet in the IRS instructions and enter the result here: $0

For tax year 2024, the standard deduction amounts are:
- Single or Married filing separately: $14,600
- Married filing jointly or Qualifying surviving spouse: $29,200
- Head of household: $21,900

(c) Extra withholding. Enter any additional tax you want withheld each pay period: $0

Step 5 — Certification

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Note: If you claim exemption from withholding, your employer will not withhold federal income tax from your wages. The exemption applies only to income tax, not to social security or Medicare tax. You can claim

exemption only if the following conditions are met:

- For the prior year, you had a right to a refund of all federal income tax withheld because you had no tax liability; AND
- For the current year, you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you claim exemption, you must submit a new Form W-4 by February 15 of each year.

Employer Information (for employer use only)

Employer's name and address: Acme Corporation
Employer identification number (EIN): XX-XXXXXXX
First date of employment: [First Date of Employment]

SIGNATURES

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date set forth above.

Employee

Signature: _____

Printed Name: _____

Date: _____

Title: _____