

NC-4Web
10-12

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Social Security Number <div style="border-bottom: 1px solid black; width: 100%;"></div>		Marital Status <input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Qualifying Widow(er)	
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) <div style="border-bottom: 1px solid black; width: 100%;"></div>	M.I. <div style="border-bottom: 1px solid black; width: 100%;"></div>	Last Name <div style="border-bottom: 1px solid black; width: 100%;"></div>	
Address <div style="border-bottom: 1px solid black; width: 100%;"></div>		County (Enter first five letters) <div style="border-bottom: 1px solid black; width: 100%;"></div>	
City <div style="border-bottom: 1px solid black; width: 100%;"></div>	State <div style="border-bottom: 1px solid black; width: 100%;"></div>	Zip Code (5 Digit) <div style="border-bottom: 1px solid black; width: 100%;"></div>	Country (If not U.S.) <div style="border-bottom: 1px solid black; width: 100%;"></div>

(See Form NC-4 Instructions before completing this form)

1. Total number of allowances you are claiming
(From Line F of the Personal Allowances Worksheet on Page 2)

2. Additional amount, if any, you want withheld from each pay period
(Enter whole dollars) .00

3. I certify that I am not subject to North Carolina withholding because I meet the following two conditions:

- Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and
- This year I expect a refund of all State income tax withheld because I expect to have no tax liability.

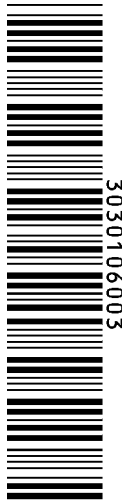
☐ Check Here

4. I certify that I am not subject to North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of ☐ Check Here

(Enter state of domicile)

If line 3 or line 4 above applies to you, enter the year effective 20 and write "EXEMPT" here →

5. I certify that I no longer meet the requirements for exemption on line 3 ☐ or line 4 ☐ (Check applicable box)
Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2. ☐ Check Here



CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature <div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="font-size: small;">I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.</p>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>
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(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS) <div style="border-bottom: 1px solid black; width: 100%;"></div>		FEIN <div style="border-bottom: 1px solid black; width: 100%;"></div>	
Employer's Address <div style="border-bottom: 1px solid black; width: 100%;"></div>		County (Enter first five letters) <div style="border-bottom: 1px solid black; width: 100%;"></div>	
City <div style="border-bottom: 1px solid black; width: 100%;"></div>	State <div style="border-bottom: 1px solid black; width: 100%;"></div>	Zip Code (5 Digit) <div style="border-bottom: 1px solid black; width: 100%;"></div>	Country (If not U.S.) <div style="border-bottom: 1px solid black; width: 100%;"></div>

Personal Allowances Worksheet

A. Enter "1" for yourself if no one else can claim you as a dependent A. _____

IN ADDITION TO A. ABOVE:

B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____

C. Enter "1" if you are a qualifying widow(er)..... C. _____

D. Enter the number of dependents (other than your spouse or yourself) you will claim on
your tax return D. _____

E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to
reduce your withholding, complete the **Deductions, Adjustments, and Tax Credits Worksheet**
below and enter number from line 14..... E. _____

F. Add lines A through E and enter total here and on line 1 of your **Employee's Withholding
Allowance Certificate** F. _____

Deductions, Adjustments, and Tax Credits Worksheet

1. Additional withholding allowances may be claimed if you expect to have allowable itemized
deductions exceeding the standard deduction. Enter an estimate of the total itemized
deductions to be claimed on your federal tax return less the amount of any State income tax
included in your federal deductions..... 1. _____

2. Enter $\left\{ \begin{array}{l} \$4,400 \text{ if head of household} \\ \$3,000 \text{ if single} \\ \$3,000 \text{ if married filing separately} \\ \$6,000 \text{ if married filing jointly or qualifying widow(er)} \end{array} \right.$ 2. _____

3. Subtract line 2 from line 1, enter the result here 3. _____

4. Enter an estimate of your federal adjustments to income and your State deductions from
federal adjusted gross income 4. _____

5. Add lines 3 and 4 5. _____

6. Enter an estimate of your nonwage income (such as dividends or interest)..... 6. _____

7. Enter an estimate of your State additions to federal adjusted gross income. 7. _____

8. Add lines 6 and 7..... 8. _____

9. Subtract line 8 from line 5..... 9. _____

10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for
the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result
here. Drop any fraction..... 10. _____

11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all
sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1"
additional allowance..... 11. _____

12. Add lines 10 and 11 and enter total here..... 12. _____

13. If you completed this worksheet on the basis of married filing jointly, enter the number from line
12 that your spouse will claim 13. _____

14. Subtract line 13 from line 12 and enter the total here and on line E of the **Personal Allowances
Worksheet** 14. _____