Employee's Withholding Certificate

OMB No. 1545-0074

► 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 Service ► Your withholding is subject to review by the IRS.					
Step 1:	(a) First name and middle initial Last I	name LAST		(b) Social security number SSN-XX-XXXX	
Enter Personal Information	1234 YOUR ADDRESS ST.			► Does your name match the name on your social security card? If not, to ensure you ge	
imormation		12345		credit 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 widow(er) Head of household (Check only if you're unmarried an	d nav more than half the costs	of keeping up a home for you	urself and a qualifying individual	
	os 2-4 ONLY if they apply to you; otherwise, skin from withholding, when to use the estimator at	tip to Step 5. See page	2 for more informatio		
Step 2: Multiple Jobs	Complete this step if you (1) hold more the also works. The correct amount of withhold				
or Spouse					
Works					
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for				ıly accurate withholding; o r	
	(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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ □				
	TIP: To be accurate, submit a 2021 Form income, including as an independent contr		7 7 7	e) have self-employment	
	os 3-4(b) on Form W-4 for only ONE of these justee if you complete Steps 3-4(b) on the Form W-4			os. (Your withholding wil	
Step 3:	If your total income will be \$200,000 or less	(\$400,000 or less if ma	rried filing jointly):		
Claim Dependents	Multiply the number of qualifying children	under age 17 by \$2,000	▶ <u>\$ -0-</u>	9	
	Multiply the number of other dependent	12,500 (100 ± 100 (100 100 100 100 100 100 100 100 10	▶ <u>\$ -0-</u>	8	
	Add the amounts above and enter the total	here	V G 100 00 2 2 2	3 \$ -0-	
Step 4 (optional): Other	(a) Other income (not from jobs). If you we this year that won't have withholding, en include interest, dividends, and retirement	ter the amount of other i	ncome here. This may		
Adjustments		(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here			
	(c) Extra withholding. Enter any additiona	tax you want withheld	each pay period .	4(c) \$ -0-	
4					
Step 5:	Under penalties of perjury, I declare that this certificate	to the best of my knowled	lge and belief, is true, co	rrect, and complete.	
Sign Here	N BY:		↓ T	ODAY'S DATE	
	Employee's signature (This form is not valid u	nless you sign it.)	Da	A ASSAULTE	
Employers Only	Employer's name and address		20	Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

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Cat. No. 10220Q

Form W-4 (2021)