

## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1 a. YOUR FULL NAME	1 b. YOUR SOCIAL SECURITY NUMBER
2 a. HOME ADDRESS (Number, Street, or Rural Route)	2 b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 ..... [ 0 ]
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [   ]
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [   ]
- D. Married Filing Separate: enter 0 or 1 or 2 ..... [   ]
- E. Head of Household: enter 0 or 1 or 2 ..... [   ]

**4. DEPENDENT ALLOWANCES** [ 0 ]

**5. ADDITIONAL ALLOWANCES** [   ]  
(complete worksheet below)

**6. ADDITIONAL WITHHOLDING** \$ \_\_\_\_\_

**7. LETTER USED** (Marital Status A, B, C, D, or E ) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_  
(Employer: The letter indicates the tax tables on pages 20 through 39 of the Employer's Tax Guide)

**8. EXEMPT:** Read the Line 8 instructions on page 2 before completing this section.

I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_  
**EMPLOYER'S WH#:** \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet below has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

### WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

**1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**

Yourself:  Age 65 or over  Blind  
 Spouse:  Age 65 or over  Blind      Number of boxes checked \_\_\_\_\_ x 1300 .....\$ \_\_\_\_\_ 0.00

**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions.....	\$	0.00
B. Georgia Standard Deduction (enter one):		
Single/Head of Household	\$2,300	
Each Spouse	\$1,500	\$ 0.00
C. Subtract Line B from Line A .....	\$	0.00
D. Allowable Deductions to Federal Adjusted Gross Income .....	\$	_____
E. Add the Amounts on Lines 1, 2C, and 2D .....	\$	0.00
F. Estimate of Taxable Income not Subject to Withholding .....	\$	_____
G. Subtract Line F from Line E (if zero or less, stop here) .....	\$	0.00
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....		0

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up).