

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

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 []
- 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 []

5. ADDITIONAL ALLOWANCES []
(complete worksheet below)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

This worksheet must be completed if Line 5 is greater than zero.

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 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Estimated Federal Itemized Deductions \$ _____

B. Georgia Standard Deduction (enter one):
 Single/Head of Household \$2,300
 Each Spouse \$1,500 \$ _____

C. Subtract Line B from Line A \$ _____

D. Allowable Deductions to Federal Adjusted Gross Income \$ _____

E. Add the Amounts on Lines 1, 2C, and 2D \$ _____

F. Estimate of Taxable Income not Subject to Withholding \$ _____

G. Subtract Line F from Line E (if zero or less, stop here) \$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above _____

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

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 in the Employer's Tax Guide)

8. EXEMPT: Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.
 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 has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.