Employee's Withholding Certificate

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. Your withholding is subject to review by the IRS.

Step 1:	(a) _3 m m i i	.\$ m	(b) Social security number						
Enter Personal Information	A .33	Does your name match the name on your social security card? If _9 _0 _1 _0							
	_0_0v ,_\$, lac _0	c f_0.0 c_oc SSA \$00-12-1213 _0_0_0							
	(c) Single _oMarried filing separately Married filing jointly _oQualifying surviving Head of household (c k _o/ f _0' u m	•	S⊾bk u _mrf_o	_0_\$if _u_if v u i,)					
Complete Ste	os 2–4 ONLY if they apply to you; otherwi of_m w _o , w _ou_\$ _	se, skip to Step 5. Sm _0 . r. v/ 4A	2 f_0m_0 f_0m _	_O_O C _\$,W_@					
Step 2: Multiple Job	S LSOW_CK_S C_OC M_Q _DW	0 _0 _0 m , _0(_0 _\$_0 c _\$n		0 _0 .\$_0.\$.\$_0.\$					
or Spouse Works		m c_m,u_\$ _\$_o_o	or	(\$3 4). If _Q					
	(b) _\$ u _0_\$ _ck_\$ (c) f	Q m c ck _\$ _00 ()f		f_0 _0 _0\$ f_b					
Complete Ste m_scc u	os 3–4(b) on Form Wg-4 for only ONE of th f_0c_mon		ol kf_0 _0 _0 _0.)	0_\$(Y_0 w _0 w					
Step 3:	If _0 _0 c _m w \$200,000	_0 _ \$\$ (\$400,000 _0 _ \$\$ f m	fl _01).						
Claim Dependent and Other	ul l um _b_u_ff c ul l um _b_o	u 1, \$2,0	00 \$	-					
Credits	A m_Q _\$ _0 f_0 u if _\$ m_Q _0 _0 c _\$		_\$Y_Q m	3 \$					
Step 4 (optional): Other		$v = 0$, $m_{-}Q$	-0-0 C-M - -0-0 C-M						
Adjustments	(b) Deductions. II _u C _url	m & _0_\$_0 _ \$ u_\$ & _0_\$ _0k_\$ 	_	4(b) \$					
	(c) Extra withholding.	_0	c pay period	4(c) \$					
Step 5: Sign Here	I.St.Diu, IcI _St. £, _0 _St_DmkWI If, Stuc_oc, c_mnI.								
	Employee's signature (_\$_om _\$_ov	te							
Employers Only	m Lo '.3 m3\$		_\$b m_Lom	m i_0					

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Step 2(b)—Multiple Jobs Worksheet (K / // // / .)



If _0c _00\$ _0 _0 3 2()_0 _0m -4c_n | _\$w_dk\$ (wccdul _\$ _0| ONE _qm -4. _p w || m_gs cc u f _qc _qn | w_qk_s _s| _0. _0 cc u ,_s m w _qm -4 f_0 ||_0 _0.sf _q v _ou _q w _p _sc 201 . Note: If m_0 _0 _0 _\$ u | w _\$_pm_0 \$120,000_0 m_0 _0_\$_\$ iu . 505 f_0 _0 l 1-\$-9-00 u.\$ -01 w -0 -\$m -0 .f. v/ 4A . Three jobs. If _0 /_0 _0 _\$_0.\$ v _0.\$ _\$m m,c_m | | .\$\frac{1}{2},2, 2 LQv. w_\$, \$ _Q 3. 2b \$ m_**0** .≸ _m l .\$2 2 **3**1_01 **2** 2c \$ um _b _o_\$ f_o _\$ _o. _o m |, 00150 _o_\$ 3

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Married Filing Jointly or Qualifying Surviving Spouse												
Higher Paying Job	Lower Paying Job Annual Taxable Wage & Salary											
Annual Taxable Wage & Salary	\$0 - ,	\$10,000 - 1 ,	\$20,000 - 2 ,	\$30,000 - 3 ,	\$40,000 - 4 ,	\$50,000 - 5 ,	\$ 0,000 -	\$_0,000 -	\$ \$ 0,000 -	\$ 0,000 -	\$100,000 - 10 ,	\$110,000 - 120,000
\$0 - ,	\$0	\$0	\$_\$0	\$\$ 50	\$ 40	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,3_0
\$10,000 - 1 ,	0	▶ \$0	1, \$0	1, 40	2,140	2,220	2,220	2,220	2,220	2,220	2,5_0	3,5_0
\$20,000 - 2 ,	↓\$ 0	1,_\$0	2, 8 _0	3,140	3,340	3,420	3,420	3,420	3,420			