

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Social Security Number _____		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) _____		M.I. _____	Last Name _____
Address _____		County (Enter first five letters) _____	
City _____	State _____	Zip Code (5 Digit) _____	Country (If not U.S.) _____

(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 Check Here
 - 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 _____ Date _____

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.

(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) _____		FEIN _____	
Employer's Address _____		County (Enter first five letters) _____	
City _____	State _____	Zip Code (5 Digit) _____	Country (If not U.S.) _____