

# Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Social Security Number \_\_\_\_\_

Marital Status  Single  Head of Household  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:

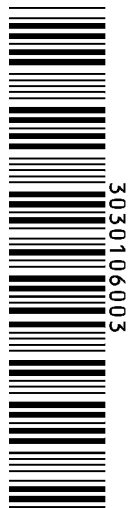
- Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and  Check Here
- This year I expect a refund of all State income tax withheld because I expect to have no tax liability.  Check Here

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.) \_\_\_\_\_