Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

• Is age 65 or older,

• Is blind, or

• Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

| | | Persona | I Allowances Works | heet (Keep fo | or your records.) | | | | | |
|------------|--|---|--|---|----------------------------|--------------------------|----------------------|----------|--|--|
| Α | Enter "1" for you | r self if no one else can c | claim you as a dependent | | | | A | | | |
| | (| • You're single and have | only one job; or | | |) | | | | |
| В | | | only one job, and your spo | | | }. | B_ | | | |
| | | • | ond job or your spouse's v | | , | | | _ | | |
| С | | | choose to enter "-0-" if yo | | | | or more | | | |
| | than one job. (En | tering "-0-" may help you | u avoid having too little ta | ax withheld.) . | | | · · C _ | | | |
| D | Enter number of | dependents (other than | your spouse or yourself) | you will claim o | n your tax return . | | D | | | |
| Е | Enter "1" if you will file as head of household on your tax return (see conditions under | | | | | sehold above) | E_ | | | |
| F | Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F | | | | | | | | | |
| | (Note: Do not inc | clude child support paym | nents. See Pub. 503, Child | d and Depende | nt Care Expenses, | for details.) | | | | |
| G | | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. | | | | | | | | |
| | | • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you | | | | | | | | |
| | | have two to four eligible children or less "2" if you have five or more eligible children. | | | | | | | | |
| | • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligit | | | | | | | | | |
| н | Add lines A throug | h G and enter total here. (N | lote: This may be different f | rom the number | of exemptions you cla | aim on your tax r | return.) ► H | | | |
| | For accuracy, | | or claim adjustments to in | i ncome and wan | nt to reduce your with | holding, see the | e Deductions | | | |
| | complete all | • | and Adjustments Worksheet on page 2. | | | | | | | |
| | worksheets | • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 | | | | | | | | |
| | that apply. | to avoid having too little | e tax withheld. | | | - | | | | |
| | <u> </u> | If neither of the above | e situations applies, stop h | ere and enter th | e number from line H | I on line 5 of ⊦o | rm W-4 below. | | | |
| | W-4. | Employe • Whether you are enti | give Form W-4 to your en e's Withholding itled to claim a certain number he IRS. Your employer may b | g Allowan er of allowances of | ce Certification from with | te hholding is | OMB No. 1545 | -0074 | | |
| 1 | Your first name ar | nd middle initial | Last name | | | 2 Your social | security number | | | |
| | Home address (nu | umber and street or rural route | <u> </u> 2) | 3 Single | Married Marr | riad but withhold : | at higher Single rat | | | |
| | | | , | 3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | | | | | | |
| | City or town, state | e, and ZIP code | | 4 If your last name differs from that shown on your social security card, | | | | | | |
| | | | | - | You must call 1-800-7 | | | | | |
| 5 | Total number c | of allowances you are clai | iming (from line H above | or from the app | licable worksheet o | on page 2) | 5 | | | |
| 6 | | | nheld from each paychecl | | | | 6 \$ | | | |
| 7 | | | | | | | | | | |
| | • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and | | | | | | | | | |
| | This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | | | | | | | | |
| | | | mpt" here | | | 7 | | _ | | |
| Unde | er penalties of perju | | amined this certificate and | | ny knowledge and be | elief, it is true, co | orrect, and com | plete. | | |
| | loyee's signature | ry, I declare that I have example | | , to the best of n | | | | | | |
| (TI-:- | form is not valid ur | | | , to the best of n | | | | | | |
| | | nless you sign it.) ► | | | 1 | Date ► | | | | |
| (This 8 | | nless you sign it.) ► | plete lines 8 and 10 only if send | | 9 Office code (optional) | 1 | dentification numb | er (EIN) | | |
| 8 | Employer's name | nless you sign it.) ► | plete lines 8 and 10 only if send | ding to the IRS.) | | 1 | dentification numb | er (EIN) | | |

| Deductions and Adjustments Worksheet | | | | | | | | | | |
|--|---|---|--------------------------|---|---|--|----------------------|---|--|--|
| Note: Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income. | | | | | | | | | | |
| 1 | Enter an estimate of you and local taxes, medical your itemized deductions if you're head of househo | ve to reduce \$287,650 00 if you're | • | | | | | | | |
| | | See Pub. 505 for details . | | | | 1 | \$ | | | |
| | | if married filing jointly or c | lualifying widow | /(er) | | | • | | | |
| 2 | | f head of household | | | | 2 | \$ | | | |
| | | f single or married filing se | |) | | 3 | \$ | | | |
| 3 | | Subtract line 2 from line 1. If zero or less, enter "-0-" | | | | | | | | |
| 4 | | Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) | | | | | | | | |
| 5 | | and enter the total. (Incl | | | | | | | | |
| | • | nces for 2017 Form W-4 w | | , | | • | \$ | | | |
| 6 | | f your 2017 nonwage inco | | , | | | \$ | | | |
| 7 | | n line 5. If zero or less, ent | | | | | \$ | | | |
| 8 | | on line 7 by \$4,050 and en | | | | | | | | |
| 9 | | rom the Personal Allowan | | | | | | | | |
| 10 | | ind enter the total here. If y | | | - | | | | | |
| | | on line 1 below. Otherwise | - | | | | | | | |
| | | Earners/Multiple Job | | | or multiple j | obs on page 1. |) | | | |
| | | only if the instructions une | | | | | | | | |
| 1 | | n line H, page 1 (or from line 1 | • | | - | , | | | | |
| 2 | | Table 1 below that applie | | | | | | | | |
| | | ng jointly and wages from | | | less, do not el | | | | | |
| _ | | | | | | 2 | | | | |
| 3 | | an or equal to line 2, su | | | | | | | | |
| | | W-4, line 5, page 1. Do no | | | | - | | | | |
| Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. | | | | | | | | | | |
| 4 | Enter the number fro | om line 2 of this workshee | et | | 4 | | | | | |
| 5 | Enter the number fro | om line 1 of this workshee | et | | 5 | | | | | |
| 6 | Subtract line 5 from | n line 4 | | | | 6 | | | | |
| 7 | Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 | | | | | | | | | |
| 8 | Multiply line 7 by lin | ne 6 and enter the result h | ere. This is the | additional annual withh | olding neede | d 8 | \$ | | | |
| 9 | 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two | | | | | | | | | |
| | | plete this form on a date in | | | | | | | | |
| | the result here and or | n Form W-4, line 6, page 1. | This is the addit | ional amount to be with | | | \$ | | | |
| Table 1 Table 2 | | | | | | | | | | |
| | Married Filing Jointly | y All Oth | ers | Married Filing | Jointly | All | Other | S | | |
| | s from LOWEST Enter of job are – line 2 a | ě | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIG paying job are— | IEST | Enter on line 7 above | | |
| 14,0 22,0 | 001 - 14,000 001 - 22,000 001 - 27,000 | 0 \$0 - \$8,000 1 8,001 - 16,000 2 16,001 - 26,000 3 26,001 - 34,000 4 34,001 - 44,000 | 0 1 2 3 4 | \$0 - \$75,000 75,001 - 135,000 135,001 - 205,000 205,001 - 360,000 360,001 - 405,000 | \$610 1,010 1,130 1,340 1,420 | \$0 - \$38 38,001 - 85 85,001 - 185 185,001 - 400 400,001 and ov | ,000 ,000 ,000 | \$610 1,010 1,130 1,340 1,600 | | |

130.001 - 140.000 13 140,001 - 150,000 14 150.001 and over 15 Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in

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405,001 and over

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return. 00540





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the National Directory of New Hires. We may also disclose this information to other countries

under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to

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125,001 - 140,000

140,001 and over