## **A4**(REV. 3/2014)

## ALABAMA DEPARTMENT OF REVENUE

50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300 www.revenue.alabama.gov



## Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I - To be completed by the emplo	yee		
EMPLOYEE NAME		EMPLOYEE SOC	CIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
HOWT	O CLAIM YOUR WITHHOLDING EXEMPTION	IS .	
If you claim no personal exemption for yourself a	and wish to withhold at the highest rate, write the figure "0"		
	loyer		
2. If you are SINGLE or MARRIED FILING SEPAR			
	option or "MS" if claiming the MARRIED FILING SEPARATE	ELY exemption	
	AD OF FAMILY, a \$3,000 personal exemption is allowed.		***************************************
	of on for both yourself and your spouse or "H" if you are		
	ing the HEAD OF FAMILY exemption		
<ol><li>Number of dependents (other than spouse) that</li></ol>	you will provide more than one-half of the support for duri	ng	
		******************	
5. Additional amount, if any, you want deducted ea	ch pay period		. \$
	Total exemptions (example: employee claims "M" on line 3		4
	(married with 2 dependents) in the withholding tables)		
Under penalties of perjury, I certify that I have complete.	examined this certificate and to the best of my know	vledge and belief,	it is true, correct, a
Employee's Signature		Date	
Part II - To be completed by the emplo	yer		
MPLOYER NAME		EMPLOYER IDEN	TIFICATION NUMBER (EI
DDRESS	CiTY	STATE	ZIP CODE
claims 8 or more dependent exemptions, the of fication: Alabama Department of Revenue, V 242-1300, or by fax at (334) 242-0112. If the of	e on file. If the employee is believed to have claimed employer should contact the Department at the followithholding Tax Section, P.O. Box 327480, Montgomemployee does not qualify for the exemptions claimed employee submits a corrected Form A4 reflecting the	more exemption the wing address or pley, AL 36132-748 dupon verification	nan legally entitled none number for v 10, by phone at (3: 1, the employer is

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).