PAYROLL TAX & WAGE WITHHOLDING ALLOWANCE CALCULATOR

Employee's Withholding Allowance Certificate

Complete this form so your employer can withhold the correct federal/state income tax from your pay. Your withholding allowances are subject to review by the tax administration authority.

1. PERSONAL INFORMATION

FIRST NAME AND MIDDLE INITIAL _____

LAST NAME _____

SOCIAL SECURITY NUMBER (SSN) _____

DATE OF BIRTH _____

HOME ADDRESS (NUMBER, STREET, APT/SUITE) _____

CITY OR TOWN _____

STATE _____

ZIP CODE _____

FILING STATUS

- ○ **SINGLE OR MARRIED FILING SEPARATELY**
- ○ **MARRIED FILING JOINTLY**
- ○ **HEAD OF HOUSEHOLD**

2. PERSONAL ALLOWANCES WORKSHEET

ITEM	DESCRIPTION OF ALLOWANCES	ALLOWANCES / AMOUNT
A	Enter "1" for yourself if no one else can claim you as a dependent	.....
B	Enter "1" if you are married, have only one job, and your spouse does not work	.....
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job to avoid having too little tax withheld	.....
D	Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return	.....
E	Enter "1" if you will file as head of household on your tax return	.....
F	**Child/Dependent Tax Credit:** If your total income is within the qualifying range, enter "1" for each eligible child, plus "1" for each other eligible dependent	.....
G	**Total Personal Allowances:** Add lines A through F and enter total here	.....

3. ADDITIONAL DEDUCTIONS & ADJUSTMENTS (OPTIONAL)

ITEM	DESCRIPTION OF DEDUCTIONS / ADDITIONAL WITHHOLDING	AMOUNT ($)
1	Enter estimate of itemized deductions (medical, taxes, interest, charitable) exceeding standard deduction	$ .....
2	Enter estimate of non-wage income not subject to withholding (e.g., dividends, interest)	$ .....

ITEM	DESCRIPTION OF DEDUCTIONS / ADDITIONAL WITHHOLDING	AMOUNT ($)
3	**Additional Withholding:** Enter any additional amount you want withheld from each paycheck	$

4. EMPLOYEE SIGNATURE & CERTIFICATION

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

EMPLOYEE'S SIGNATURE

DATE

5. EMPLOYER SECTION (FOR EMPLOYER USE ONLY)

EMPLOYER NAME AND ADDRESS

FIRST DATE OF EMPLOYMENT

EMPLOYER IDENTIFICATION NUMBER (EIN)