(Rev. December 2020)

Employee's Withholding Certificate

OMB No. 1545-0074

➤ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

➤ Give Form W-4 to your employer. Department of the Treasury ▶ Your withholding is subject to review by the IRS. Internal Revenue Service

Step 1:	(a) First name and middle initial	Last name		(b) Sc	cial security number	
Enter Personal Information				name card?	➤ Does your name match the name on your social security card? If not, to ensure you get	
momation					or your earnings, contact 800-772-1213 or go to sa.gov.	
	(c) Single or Married filing separately					
	Married filing jointly or Qualifying widow(er)					
	Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)					
Complete Ste claim exemptic	ps 2–4 ONLY if they apply to you; otherwise on from withholding, when to use the estimat	se, skip to Step 5. See page or at www.irs.gov/W4App, a	e 2 for more information of privacy.	on on e	ach step, who can	
Step 2: Multiple Jobs	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.					
or Spouse	Do only one of the following.					
Works	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or					
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or					
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ □					
	TIP: To be accurate, submit a 2021 income, including as an independent	Form W-4 for all other jobs.	If you (or your spous	se) have	e self-employment	
Complete Ste be most accur	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form	ese jobs. Leave those steps W-4 for the highest paying j	blank for the other jo	bs. (Yo	ur withholding will	
Step 3:	If your total income will be \$200,000 o	r less (\$400,000 or less if ma	arried filing jointly):			
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$					
	Multiply the number of other dependent	ndents by \$500	\$	-		
	Add the amounts above and enter the	total here		3	\$	
Step 4 (optional): Other	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income				\$	
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and			1		
	enter the result here			4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .			4(c)	\$	
Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.					
Sign Here		\				
riere	Employee's signature (This form is not valid unless you sign it.)			ate	,	
Employers Only	Employer's name and address			Employe number	er identification (EIN)	





Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. Your employer may require you to complete this form electronically.

Section I: Personal Information

Employee Name:	Employee SSN:					
Address, city, state, ZIP code:						
School district of residence (See The Finder at tax.ohio.gov):	School district number (#####):					
Section II: Claiming Withholding Exemptions						
1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"						
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"						
3. Number of dependents						
4. Total withholding exemptions (sum of line 1, 2, and 3)						
5. Additional Ohio income tax withholding per pay period (optional)	\$					
Section III: Withholding Waiver						
I am not subject to Ohio or school district income tax withholding because (check all that apply):						
I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.						
I am a resident military servicemember who is stationed outside Ohio on active duty military orders.						
I am a nonresident military servicemember who is stationed in	I am a nonresident military servicemember who is stationed in Ohio due to military orders.					
I am a nonresident civilian spouse of a military servicemembe spouse's military orders.	I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.					
I am exempt from Ohio withholding under R.C. 5747.06(A)(1)	I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).					
Section IV: Signature (required)						
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.						
Signature	Date					