## Form (Rev. December 2020) Department of the Treasury Internal Revenue Service

## **Employee's Withholding Certificate**

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.

► Your withholding is subject to review by the IRS.

2021

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) So	cial security number	
Enter Personal Information	City or town, state, and ZIP code			card? I credit fo SSA at	▶ Does your name match the name on your social security card? If not, to ensure you ge credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.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					
•	ps 2–4 ONLY if they apply to you; otherwi			on on e	ach step, who car	
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold malso works. The correct amount of with Do only one of the following.  (a) Use the estimator at www.irs.gov.  (b) Use the Multiple Jobs Worksheet on (c) If there are only two jobs total, you is accurate for jobs with similar particle. To be accurate, submit a 2021 income, including as an independent	/W4App for most accurate will page 3 and enter the result in Source will may check this box. Do the source tax than new Form W-4 for all other jobs.	thholding for this ste step 4(c) below for roug same on Form W-4 for ecessary may be with	p (and S ghly accu r the oth held .	Steps 3–4); or  urate withholding; or  ner job. This optior	
•	ps 3–4(b) on Form W-4 for only ONE of that ate if you complete Steps 3–4(b) on the Form			obs. (Yo	our withholding wil	
Step 3:	If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):			
Claim Dependents	Multiply the number of qualifying of	hildren under age 17 by \$2,000	) <b>▶</b> <u>\$</u>			
	Multiply the number of other depe	endents by \$500	<u>\$</u>	-		
	Add the amounts above and enter the	e 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			у	\$	
Adjustments	(b) Deductions. If you expect to class		ksheet on page 3 and	I	\$	
	(c) Extra withholding. Enter any add	ditional tax you want withheld	each pay period .	4(c)	\$	
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.					
	Employee's signature (This form is not valid unless you sign it.)  Date					
Employers Only	Employer's name and address		First date of employment	Employ- number	er identification (EIN)	