NC-4 EZ Web 10-13

Employee's Withholding Allowance Certificate North Carolina Department of Revenue

Social Securit	y Number					Marital Status																	
		. – _				Single	_	I	Head	d of H	louse	hold		_ \	Married or Qu	alify	/ing	Wic	low	(er)			
First Name (US	SE CAPITAL LET	TERS FOR \	YOUR NAM	IE AND ADDI	RESS)	M.	.l.	L	ast N	Name	!												
Address								-										Сс	ount	y (En	ter first	five let	tters)
City								Sta	ate		Zip	Code	(5 Digi	t)	Country	(If not	U.S	 i.)					
the nun and as exempt	nber of all a result, r ion for yo	lowance nore tax ourself,	es for t xpayer your s	tax year rs shou spouse,	r 201 Id cl	m NC-4 EZ or N 14 will differ froi aim zero (0) allo r children, or a	m p owa	revi	ous s. Ad	years dditid	s. Mos	st tax , you	paye are i	rs v	will not be e	ntitle	eď 1	to as	s m	aňv	allov	vand	ces.
If you do not plar amount of incom	ne N.C. sta o tax cred omplete the n exempt sete Form N n to claim to ne, and nu	andard of its or on e extended attes (3 IC-4, if you had been of the cred and the c	deductionly the of ded For See line you pla	on credit fo rm NC-4 e 3 or 4 n to clai nildren, e en under	4 belo im Na enter rage		1. li	f you	plar	to cl	, aim th	ne cre	dit fo	r ch	ildren, use th	e tal	ble	belo					
may claim the al Single & I		Married Filing J	itly &	. Qu	alifyi	ng Wi	idow	er)		Head of H					łousehold								
Income	# of Chi		•			Income	#	of C	hildı	ren u	nder	age '	7		Income		#	of C	hil	drer	n unc	ler a	ige 17
	1 2 3	4 5 6	3 7 8	9 10			1	2 3	3 4	5 6	3 7	8 9	10				1	2 3	4	5	6 7	8	9 10
	# c	of Allow	ances					#	of A	Allow	ance	s						#	of	Allo	wan	ces	
0-20,000	0 1 2	3 4 5	5 6 6	7 8		0-40,000	0	1 2	2 3	4	5 6	6 7	8		0-32,000		0	1 2	2 3	4	5 6	6	7 8
20,001-50,000	0 1 2	2 3 4	4 4 5	6 6		40,001-100,000	0	1 2	2 2	3 4	4 4	5 6	6		32,001-80,0	00	0	1 2	2	3	4 4	5	6 6
			•			g for 2014 (Ente		·	,			er of	allow	anc	es from the	able	: ab	ove))		_		00
2 aandifi.dh	-41		N.		!!	i4h h a laliman h				4 -	_41	£ 41	f alla.			_						•	UU
 I certify that I am exempt from North Carolina withholding because I meet both of the following conditions: Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and For tax year 2014, I expect a refund of all State income tax withheld because I expect to have no tax liability 															Che	ck H	ere						
4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of (Enter state of domicile) Check													ck H	ere									
If line 3 or	line 4 abo	ve appli	ies to y	ou, ent	er th	e effective year	2	0_															
5. I certify tha	at I no Ion	ger me	et the	require	men	its for exemptio	n o	n lin	ne 3		or line	4 [] (0	Che	ck applicable	box	()						
						st that my empl any amount en					orth (Carol	ina ir	100	me tax base	d or	n th	ıe		Che	eck H	ere	
reasonable	basis and	d result	ts in a	lesser	amo	n Employee's lount of tax bein 9% of the amou	ıg v	vithh	ield	than	woul	ld ha											
Employee's Signature															Date								
						rovided by law, thom withholding, t																	e,