Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or

• Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate the pull suppose of the form W 4. when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

| | | Persona | II Allowances works | neet (Neep for you | ur recoras.) | | | | | |
|------|---|---|-------------------------------------|--|--------------------------|--------------------------------------|--|--|--|--|
| Α | Enter "1" for yo | ourself if no one else can | claim you as a dependent | | | A | | | | |
| | ſ |) | | | | | | | | |
| В | Enter "1" if: { | You're married, have of | only one job, and your spo | ouse doesn't work; o | r | } в | | | | |
| | Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | | | | | | | | | |
| С | 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. (I | c | | | | | | | | |
| D | Enter number of | of dependents (other than | your spouse or yourself) | you will claim on you | r tax return | D | | | | |
| Е | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E | | | | | | | | | |
| F | Enter "1" if you | have at least \$2,000 of ch | nild or dependent care e | xpenses for which yo | ou plan to claim a c | credit F | | | | |
| | (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | | | | | | | |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. | | | | | | | | | |
| | • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you | | | | | | | | | |
| | have two to four eligible children or less "2" if you have five or more eligible children. | | | | | | | | | |
| | • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. G | | | | | | | | | |
| Н | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) > H | | | | | | | | | |
| | _ | | or claim adjustments to i | ncome and want to re | duce your withholdi | ng, see the Deductions | | | | |
| | For accuracy, | 1 | djustments Worksheet on page 2. | | | | | | | |
| | complete all worksheets | • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. | | | | | | | | |
| | that apply. | | | | | | | | | |
| | | • If neither of the abov | e situations applies, stop h | ere and enter the num | ıber from line H on li | ne 5 of Form W-4 below. | | | | |
| | | Sanarata here and | give Form W-4 to your en | nlover Keen the ton | part for your reco | rde | | | | |
| | | • | - | | | | | | | |
| _ | W-4 | Employe | e's Withholding | § Allowance (| OMB No. 1545-0074 | | | | | |
| Form | ment of the Treasury | ► Whether you are ent | itled to claim a certain numb | er of allowances or exer | ng is 20 17 | | | | | |
| | Revenue Service | subject to review by t | he IRS. Your employer may b | e required to send a cop | py of this form to the I | RS. △ ● ■ ■ | | | | |
| 1 | Your first name and middle initial | | Last name | | 2 ' | Your social security number | | | | |
| | | | | | | | | | | |
| | Home address (number and street or rural route) | | | 3 Single M | larried 🗌 Married, bu | it withhold at higher Single rate. | | | | |
| | | | | Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | | | | | | |
| | City or town, sta | ate, and ZIP code | | 4 If your last name di | ffers from that shown | on your social security card, | | | | |
| | | | | check here. You must call 1-800-772-1213 for a replacement card. ▶ | | | | | | |
| 5 | Total number | of allowances you are cla | iming (from line H above | or from the applicabl | e worksheet on pag | ge 2) 5 | | | | |
| 6 | Additional amount, if any, you want withheld from each paycheck | | | | | | | | | |
| 7 | I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. | | | | | | | | | |
| | • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and | | | | | | | | | |
| | • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | | | | | | | | |
| | If you meet both conditions, write "Exempt" here | | | | | | | | | |
| Unde | er penalties of pe | jury, I declare that I have ex | amined this certificate and | , to the best of my kno | wledge and belief, it | is true, correct, and complete. | | | | |
| Emp | lovee's signatur | e | | | | | | | | |
| | | unless you sign it.) ▶ | | | Date | e► | | | | |
| 8 | Employer's nan | ne and address (Employer: Com | plete lines 8 and 10 only if send | ding to the IRS.) 9 Off | ice code (optional) 10 | Employer identification number (EIN) | | | | |

Form W-4 (2017) Page **2**

| Deductions and Adjustments Worksheet | | | | | | | | | | | | | |
|---|--|-----------------------|---|-----------------------|--|-----------------------|----------------------------------|----------|-----------------------|--|--|--|--|
| | | | | | | | | | | | | | |
| Note 1 | e: Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're | | | | | | | | | | | | |
| | married filing sep | parately. See Pub | . 505 for details ied filing jointly or qua | | | | 1 | \$ | | | | | |
| 2 | Enter: { \$9 | 9,350 if head | | | } | | 2 | \$ | | | | | |
| 3 | Subtract line | 3 | \$ | | | | | | | | | | |
| 4 | Enter an estin | Pub. 505) 4 | . \$ | | | | | | | | | | |
| 5 | Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.) | | | | | | | | | | | | |
| 6 | Enter an estir | mate of your 2 | 2017 nonwage incom | e (such as div | vidends or interest) . | | 6 | \$ | | | | | |
| 7 | Subtract line | 6 from line 5 | . If zero or less, enter | "-0-" | | | 7 | \$ | | | | | |
| 8 | Divide the an | mount on line | 7 by \$4,050 and ente | r the result he | ere. Drop any fraction | | 8 | | | | | | |
| 9 | Enter the nun | nber from the | Personal Allowance | s Workshee | t, line H, page 1 | | 9 | , | | | | | |
| 10 | Add lines 8 a | and 9 and ente | er the total here. If you | u plan to use | the Two-Earners/Mult | tiple Jobs Wo | orksheet, | | | | | | |
| | also enter this | s total on line | 1 below. Otherwise, | stop here an | d enter this total on Fo | rm W-4, line 5 | 5, page 1 10 | | | | | | |
| | | Two-Earne | rs/Multiple Jobs | Worksheet | t (See Two earners o | or multiple j | obs on page | 1.) | | | | | |
| Note | : Use this work | ksheet <i>only</i> if | the instructions unde | r line H on pa | ge 1 direct you here. | | | | | | | | |
| 1 | Enter the numb | oer from line H, | page 1 (or from line 10 | above if you us | sed the Deductions and A | Adjustments W | orksheet) 1 | | | | | | |
| 2 | | | | | EST paying job and en | | | | | | | | |
| | you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to | | | | | | | | | | | | | |
| | | | olding amount necess | | • | 3 | | | | | | | |
| 4 | _ | | 2 of this worksheet | - | | 4 | | | | | | | |
| 5 | | | e 1 of this worksheet | | | 5 | | | | | | | |
| 6 | Subtract line | | | | | | 6 | | | | | | |
| 7 | | | | | ST paying job and ente | r it here | | _ | | | | | |
| 8 | | | | | additional annual withh | | | - | | | | | |
| 9 | | - | | | or example, divide by 25 | - | | <u> </u> | | | | | |
| | | - | | - | nere are 25 pay periods | | - | | | | | | |
| | • | | | • | ional amount to be withh | - | | \$ | | | | | |
| | | Tab | ole 1 | | | Tal | ble 2 | | | | | | |
| Married Filing Jointly | | | All Other | s | Married Filing J | All Others | | | | | | | |
| | es from LOWEST job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HI paying job are— | GHEST | Enter on line 7 above | | | | |
| | \$0 - \$7,000 | 0 | \$0 - \$8,000 | 0 | \$0 - \$75,000 | \$610 | \$0 - \$ | 38.000 | \$610 | | | | |
| 7,001 - 14,00 | | 1 | 8,001 - 16,000 | 1 | 75,001 - 135,000 | 1,010 | 38,001 - 85,000 | | 1,010 | | | | |
| 14,001 - 22,000 22,001 - 27,000 | | 2 3 | 16,001 - 26,000 26,001 - 34,000 | 2 | 135,001 - 205,000 205,001 - 360,000 | 1,130 1,340 | 85,001 - 1 185,001 - 4 | | 1,130 1,340 | | | | |
| 27,001 - 35,000 | | 4 | 34,001 - 44,000 | 4 | 360,001 - 405,000 | 1,420 | 400,001 and | | 1,600 | | | | |
| 35,001 - 44,000 44,001 - 55,000 | | 5 6 | 44,001 - 70,000 70,001 - 85,000 | 5 6 | 405,001 and over | 1,600 | | | | | | | |
| 55,001 - 65,000 | | 7 | 85,001 - 110,000 | 7 | | | | | | | | | |
| 65,001 - 75,000 | | 8 | 110,001 - 125,000 | 8 | | | | | | | | | |
| 75,001 - 80,000 80,001 - 95,000 | | 9 10 | 125,001 - 140,000 140,001 and over | 9 10 | | | | | | | | | |
| 95,001 - 115,000 | | 11 | , | - | | | | | | | | | |
| 115,001 - 130,000 130,001 - 140,000 | | 12 13 | | | | | | | | | | | |
| | 001 - 150,000 | 1/1 | I | | ľ | | | | 1 | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.