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Each employee must file this Iowa W-4 with his/her employer. Do not claim more allowances than necessary or you will not have enough tax withheld. You may file a new W-4 at any time if the number of your allowances increases. You must file a new W-4 within 10 days if the number of allowances previously claimed by you decreases.

Penalties apply for willfully supplying false information or for willful failure to supply information, which would reduce the withholding allowances. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Married Status: Single (or married but legally separated)

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Print	your full name:	Social Security Number:	
Hom	e address:		
City:		State:	ZIP:
	nption from withholding		
If you do not expect to owe any lowa income tax and have a right to a full refund of A enter "EXEMPT" here and the year effective here			
Chec	residents may not claim this exemption. ok this box if you are claiming an exemption from lo ary Spouses Residency Relief Act of 2009 or the Vete	-	•
If cla	iming the military spouse exemption, enter your state	of domicile or residence here	e
If yo	u are not exempt, complete the following:		
1. F	Personal allowances		1
2. <i>A</i>	Allowances for dependents. You may claim 1 allowand claim on your lowa income tax return	ce for each dependent you	2
3. <i>A</i>	Allowances for itemized deductions. See instructions.		3
ŗ	Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; alimony paid; and student loan interest, which are reflected on the IA 1040. Divide this amount by \$600, round to the nearest whole number, and enter on line 4		
	Allowances for child and dependent care credit		
6. 7	Total allowances. Add lines 1 through 5		6
7. <i>A</i>	Additional amount, if any, you want deducted each pa	y period	7
	e undersigned, declare under penalties of perjury or fall e best of my knowledge and belief, it is true, correct, a		mined this claim, and,
Employee signature:		Date:	
Emp withh per v	loyers: The employer must maintain records of the nolding allowances or is claiming exemption from with week, complete the information below and within 90 artment of Revenue, PO Box 10456, Des Moines, low	W-4s. If the employee is cholding when wages are exp days send a copy to: Comp	laiming more than 22 ected to exceed \$200
Empl	loyer name:		
Fede	eral Employer Identification Number (FEIN):		
	loyer address:		
			ZIP:

Questions about lowa taxes:

Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.