

[Company Logo] - New Horizon Solutions

Illinois State Withholding Allowance (IL-W-4)

Employee Name: Jane Doe

Employee ID: 12345

Date: March 03, 2025

Address: 123 Main St, Springfield, IL 62701

Section 1 - Personal Information:

- Social Security Number: 987-65-4321
- Filing Status: ☐ Single ☒ Married ☐ Head of Household

Section 2 - Allowances:

- Number of Allowances Claimed: 1
- Additional Allowances for Dependents: 1
- Reason for Additional Allowances: Supporting a parent over 65

Section 3 - Additional Withholding:

- Additional Amount to Withhold per Paycheck: \$10
- Total Annual Other Income: \$2,000 (e.g., freelance work)
- Estimated Deductions: \$3,000 (e.g., charitable contributions)

Section 4 - Exemptions:

- ☐ I claim exemption from withholding (must meet IRS criteria).
- If exempt, prior year's income: \$0, and expect \$0 this year.

Section 5 - Signature and Certification:

- I certify that this information is true and accurate under penalties of perjury.
- Signature: _____ Date: _____

Instructions:

- Submit with federal W-4 form to HR within 3 days of hire.

- Update if your filing status or dependents change.
- Contact Illinois Department of Revenue at (800) 732-8866 for clarification.
- Retain a copy for your records.
- HR Contact: hr@newhorizon.com