## NC-4 EZ Web 10-13

## Employee's Withholding Allowance Certificate North Carolina Department of Revenue

Social Securit	y Number						l Status																	
First Name (US	E CAPITAL LET	TERS FOR	YOUR NAM	ME AND ADDRE	ESS)		Single M	— 1.I.		ead o		ousel	nold		_ Ma	rried (	or Qua	alifyii	ng W	/ido	w(er)	)		
Address									_										(	Cou	nty (E	nter t	irst five	letters)
City									Stat	е		Zip	Code	(5 Digit)	1	Cou	ntry (	If not (	J.S.)					
the nun	ant: You n nber of al a result, r ion for yo	lowanc nore ta	es for t xpayer	tax year s should	2014 d clai	will di im zero	ffer fro o (0) all	m pr lowa	reviou nces.	us ye . Add	ears litio	. Mos	st tax , you	payer are n	s wi o loı	II not	be en	ntitle	d to	as	manv	v all	lowa	nces.
FORM NC-4EZ: - Plan to claim the Plan to claim ne Prefer not to could be Qualify to claim	ne N.C. sta o tax cred omplete th	andard of its or or e exten	deduction only the of ded Fo	on credit for rm NC-4																				
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Single & Married Filing Separately M						larried	Filing .	Joint	ly & (	Qual	ifyin	ng Wi	dow(	er)				Head	d of	Ηοι	useh	old		
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20,001-50,000	0 1 2	2 3	4 4 5	6 6	40	0,001-1	100,000	0	1 2	2 :	3 4	4	5 6	6	32	2,001-	80,00	0 0	) 1	2	2 3	4	4 5	5 6 6
1. Total numi	ber of allo	wance	s you a	are claim	ning f	for 201	<b>4</b> (Ent	er ze	ro (0)	, or t	he r	numb	er of a	allowa	nces	s from	the ta	able	abov	re)				
2. Additional	amount,	if any, '	withhe	ld from e	each	pay pe	eriod (	Ente	r who	le do	llars	s)												.00
3. 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																								
4. I certify the of the Mil															nter s	state o	f dom	icile)			_ Ch	eck	Here	e 🗌
If line 3 or	line 4 abo	ve appl	ies to y	ou, ente	r the	effecti	ve year	r 20	)	_														
5. I certify the	at I no lor	ıger me	et the	requiren	nents	s for ex	kempti	on o	n line	3 [	_ o	r line	4	) (C	heck	appli	cable	box)			01			
Therefore, number of												orth (	Caroli	na in	com	e tax	base	d on	the		Cn	еск	Here	• 🗆
CAUTION: reasonable information	basis an	d result	ts in a	lesser a	mou	nt of t	ax beii	ng w	ithhe	ld th	nan	woul	d hav											
Employee's S	Signature																Date							
		I certify		r penaltie. exemptio			•									_								ove,