

Form CT-W4

Employee's Withholding Certificate

Effective January 1, 2011

Complete this form in blue or black ink only.

Employee Instructions

- Read instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

| Filing Jointly * | Withholding Code |
|---|------------------|
| Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA) *** and no withholding is necessary. | E |
| My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married or Civil Union Individuals</i> , Page 2. | A |
| My spouse is not employed and our expected combined annual gross income is greater than \$24,000. | C |
| My spouse is employed and our expected combined annual gross income is greater than \$100,500. | D |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Qualifying Widow(er) With Dependent Child | Withholding Code |
| My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA *** and no withholding is necessary. | E |
| My expected annual gross income is greater than \$24,000 and less than or equal to \$100,500. | A |
| My expected annual gross income is greater than \$100,500. | D |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |

* **Filing jointly** includes filing jointly for federal and Connecticut and filing jointly for Connecticut only

| Filing Separately ** | Withholding Code |
|--|------------------|
| My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA *** and no withholding is necessary. | E |
| My expected annual gross income is greater than \$12,000. | A |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Single | Withholding Code |
| My expected annual gross income is less than or equal to \$13,000 and no withholding is necessary. | E |
| My expected annual gross income is greater than \$13,000. | F |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |
| Head of Household | Withholding Code |
| My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary. | E |
| My expected annual gross income is greater than \$19,000. | B |
| I have significant nonwage income and wish to avoid having too little tax withheld. | D |
| I am a nonresident of Connecticut with substantial other income. | D |

** **Filing separately** includes filing separately for federal and Connecticut and filing separately for Connecticut only

*** If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____
2. Additional withholding amount per pay period: If any, see Page 3 instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see Page 3 instructions. 3. \$ _____

☐ Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____

| | | |
|--------------|------------------------|-----------|
| First name | MI | Last name |
| Home address | Social Security Number | |
| City/town | State | ZIP code |

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature _____ Date _____

Employers: See *Employer Instructions* on Page 2.

Is this a new or rehired employee? ☐ No ☐ Yes Enter date hired: _____
mm/dd/yyyy

| | | |
|-----------------------------|--|----------|
| Employer's business name | | |
| Employer's business address | Federal Employer Identification Number | |
| City/town | State | ZIP code |
| Contact person | Telephone number () | |