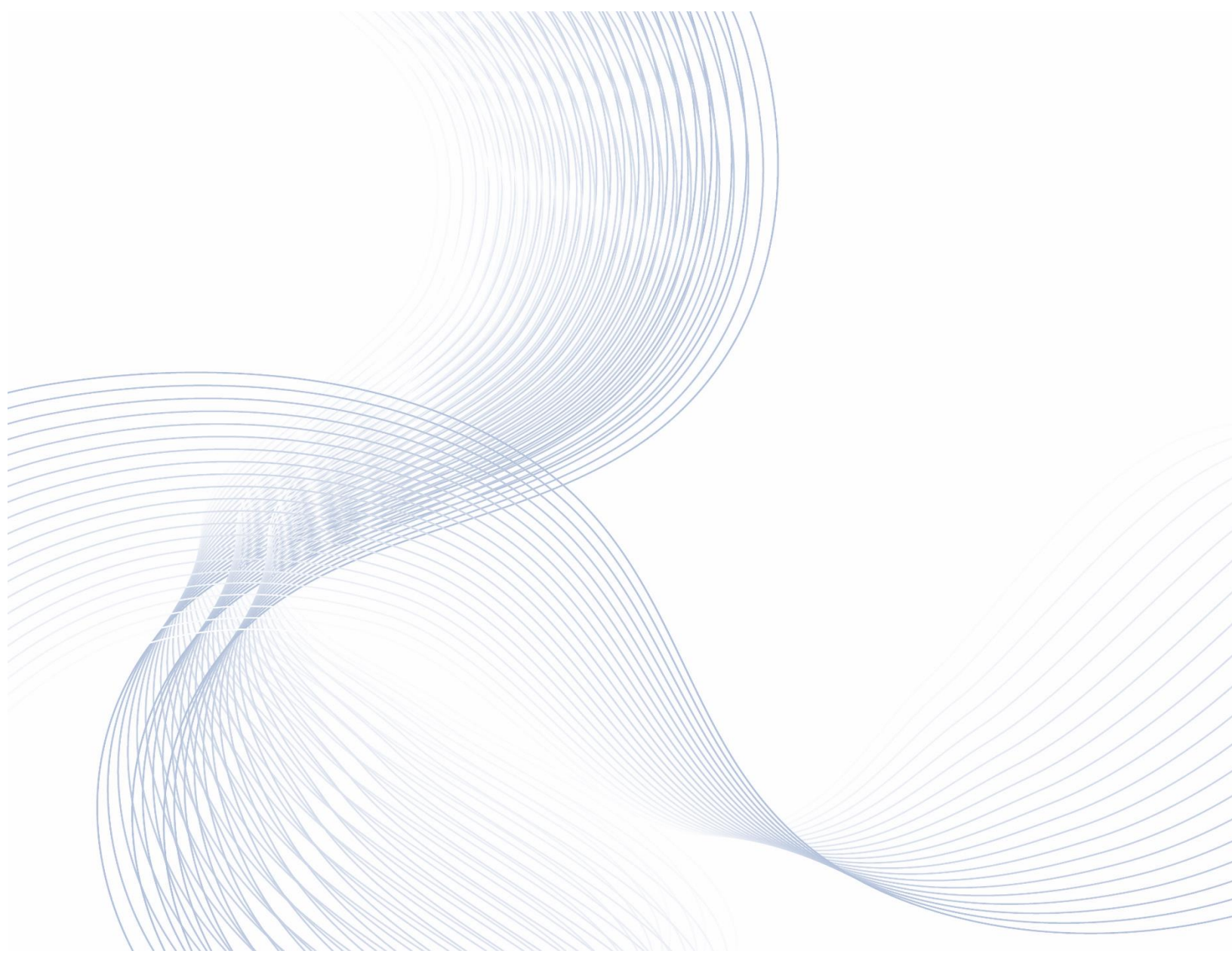


HRIS – Human Resources Information Solution

# RESOURCE GUIDE: TAXES



# TAXES

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# Employee Taxes

## Introduction

Taxes are withheld from employee pay on a biweekly basis. These withholdings include:

1. Federal
2. State of Arizona or state specific taxes for outside Arizona workers
3. Social Security
4. Medicare
5. MQGE (where applicable)

Employee tax withholdings will default as defined by federal law and state law. However, an employee must complete the required legal documents (W-4, A-4 or state specific withholding form) to add or change tax withholdings. Employee federal taxes will be set up on the **Employee United States Taxes form PR13.1**.

Agency Payroll Specialists have access to enter federal and state tax information. An employee also has the option to login to Y.E.S. and select their federal and Arizona tax withholdings; other state tax withholdings require a paper form. The information entered in Y.E.S. will automatically update HRIS. Other state tax withholdings cannot be entered in Y.E.S.

Once employee taxes are updated, file the applicable W-4 and A-4 paper form as determined by each agency.

## Taxes Entry Tips

- Unlike many other HRIS Transactions, changes to employee tax withholdings cannot be future dated.
- Changes can be made to employee taxes at any time, and these changes will be reflected on the next manual payment or regular payroll.
- Changes are effective in HRIS immediately.
- A rehired employee must complete new tax forms to update the record in HRIS. If not, the employee must be setup to the default federal withholding rate of **Single** and no adjustments and the default State of Arizona withholding rate of 2.7% or state specific default rate.

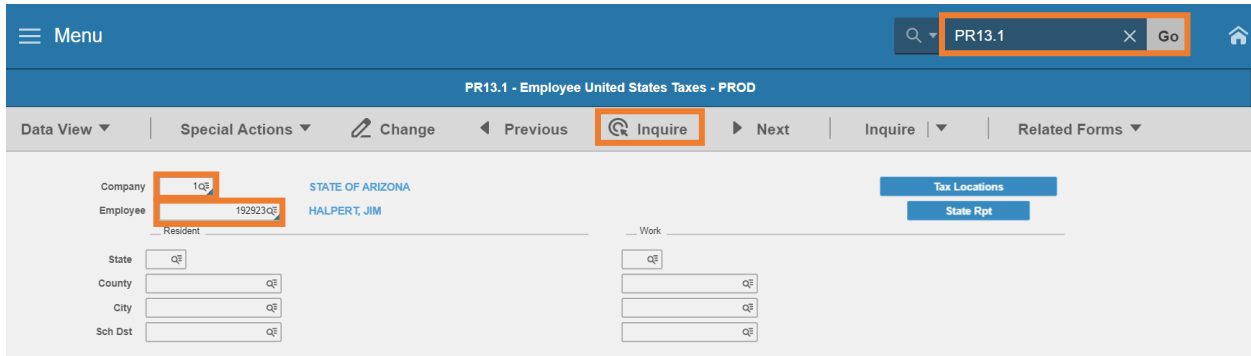


# Federal Tax

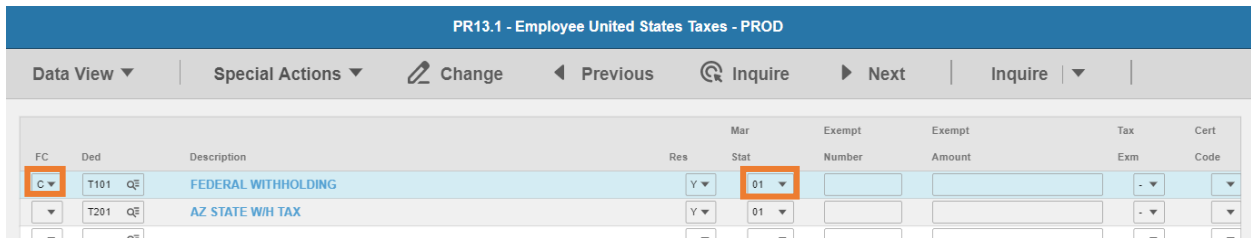
## Enter Federal Tax PR13.1

The IRS revised the Form W-4 Employee's Withholding Certificate effective January 1, 2020, resulting in several new fields in HRIS. The fields used for the W-4 are the Mar Stat, Tax Exm, Tax Info 1 tab and Tax Info 2 tab.

Access the PR13.1 Employee United States Taxes (PR13.1)



1. Type **PR13.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Inquire**



FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101	FEDERAL WITHHOLDING	Y	01			-	
	T201	AZ STATE W/H TAX	Y	01			-	

The first row displays the default federal tax (Ded T101) withholding election of **Single** (Mar Stat 01). Use the employee's W-4 Employee's Withholding Certificate to complete the following entry into HRIS.

5. **FC:** Type or select **C** in the **Federal Withholding** tax deduction row to make changes to the default withholding elections to match the W-4
6. **Mar Stat:** Select the value related to the marital status indicated in Step 1(c) of the W-4

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

**Step 1: Enter Personal Information**

(a) First name and middle initial <b>JIM</b>	Last name <b>HALPERT</b>	(b) Social security number
Address <b>123 MAIN STREET</b>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code <b>ANYTOWN, USA 90210</b>		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

- Select **01** for Single/Married filing separately
- Select **04** for Married filing jointly (or Qualifying widow(er))
- Select **06** for Head of household

**Tax Info 2**

FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101	FEDERAL WITHHOLDING	Y		01				
	T201	AZ STATE W/H TAX	Y		01				

Addl Exemptions Tax Info 1 **Tax Info 2** Effective Dates

Form Year: **2020** Multiple Jobs: **2** Yes Dependents: 4000 Other Income: 10000 Deductions:

7. Click **Tax Info 2**
8. **Form Year:** Type the 4-digit **Year** from the top right corner of the W-4. The Form Year is required to ensure the appropriate tax tables are used. A blank Form Year indicates the employee has elections from prior to 1/1/2020.

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

**Step 1: Enter**

(a) First name and middle initial <b>JIM</b>	Last name <b>HALPERT</b>	(b) Social security number
---	-----------------------------	----------------------------

9. **Multiple Jobs:** Select **1** or **2** as indicated in Step 2(c) of the W-4

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

- Select **1 No** (default value) if Step 2(c) box is blank
- Select **2 Yes** if Step 2(c) box is checked

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101	QF	FEDERAL WITHHOLDING	Y	01			
	T201	QF	AZ STATE WH TAX	Y	01			
		QF						
		QF						

Addl Exemptions		Tax Info 1	Tax Info 2	Effective Dates
Form Year	Multiple Jobs	Dependents	Other Income	Deductions
2020	2 Yes	4000	10000	

10. **Dependents:** Leave blank or enter value from Step 3, line 3 of the W-4

**Step 3:** If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

**Claim Dependents**

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ **4000**

Multiply the number of other dependents by \$500 . . . . . ► \$

Add the amounts above and enter the total here . . . . . **3** \$ **4000**

11. **Other Income:** Leave blank or enter value from Step 4, line 4(a) of the W-4

12. **Deductions:** Leave blank or enter value from Step 4, line 4(b) of the W-4

**Step 4 (optional): Other Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$ **10000**

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . . **4(c)** \$ **25**

Tax Info 1 Tab. Enter extra withholding amount

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101	QF	FEDERAL WITHHOLDING	Y	01			
	T201	QF	AZ STATE WH TAX	Y	01			
		QF						
		QF						

Addl Exemptions		Tax Info 1	Tax Info 2	Effective Dates
Tax Code	Rate	Amount	Formula	
02 Addtl Amt; Tax not > txbl wage		25.00		

13. Click **Tax Info 1**

14. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage

15. **Amount:** Leave blank or **Enter the amount** from W-4 Step 4 box 4(c)

<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$	10000
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b) \$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$	25

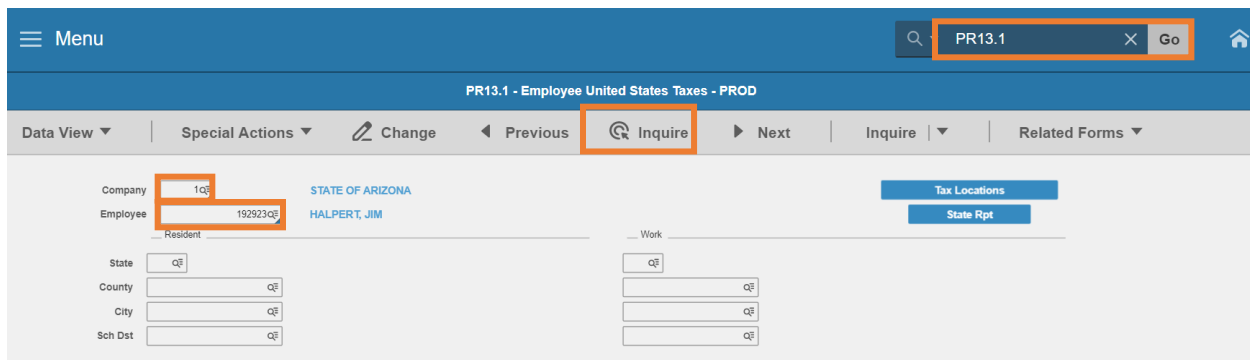
16. Click **Change**. Status bar displays message *Change Complete – Continue*

## Enter Exempt Tax Withholding

An employee claiming exemption from withholding has to write **Exempt** on the Form W-4 in the space below Step 4(c). The employee must only complete Steps 1a, 1b and Step 5 of the W-4.

<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$	
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b) \$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$	exempt

Access the PR13.1 Employee United States Taxes (PR13.1)



The screenshot shows the HRIS interface. At the top, there is a search bar with 'PR13.1' entered and a 'Go' button. Below the search bar, the page title is 'PR13.1 - Employee United States Taxes - PROD'. The main navigation bar includes 'Data View', 'Special Actions', 'Change', 'Previous', 'Inquire' (highlighted with an orange box), 'Next', 'Inquire', and 'Related Forms'. The main content area displays employee information: Company '103 STATE OF ARIZONA', Employee '19292303 HALPERT, JIM'. There are buttons for 'Tax Locations' and 'State Rpt'. Below this, there are input fields for 'Resident' and 'Work' information, including State, County, City, and Sch Dist.

1. Type **PR13.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the Employee Identification Number
4. Click **Inquire** The first row displays the default federal tax **T101** withholding election of single with no additional adjustments

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101 QE	FEDERAL WITHHOLDING	Y	01			Y	
	T201 QE	AZ STATE W/H TAX	Y	01			-	
	QE						-	
	QE						-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

5. **FC:** Type or select **C** in the federal tax deduction row

6. **Tax Exm:** Select **Y** Yes; Tax Exempt only

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101 QE	FEDERAL WITHHOLDING	Y	01			Y	
	T201 QE	AZ STATE W/H TAX	Y	01			-	
	QE						-	
	QE						-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula

7. Click **Tax Info 1**

8. **Tax Code:** Must be blank

9. **Rate:** Must be blank

10. **Amount:** Must be blank

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
C	T101 QE	FEDERAL WITHHOLDING	Y	01			Y	
	T201 QE	AZ STATE W/H TAX	Y	01			-	
	QE						-	
	QE						-	

Addl Exemptions Tax Info 1 **Tax Info 2** Effective Dates

Form Year	Multiple Jobs	Dependents	Other Income	Deductions
2020	1 No			

11. Click **Tax Info 2**

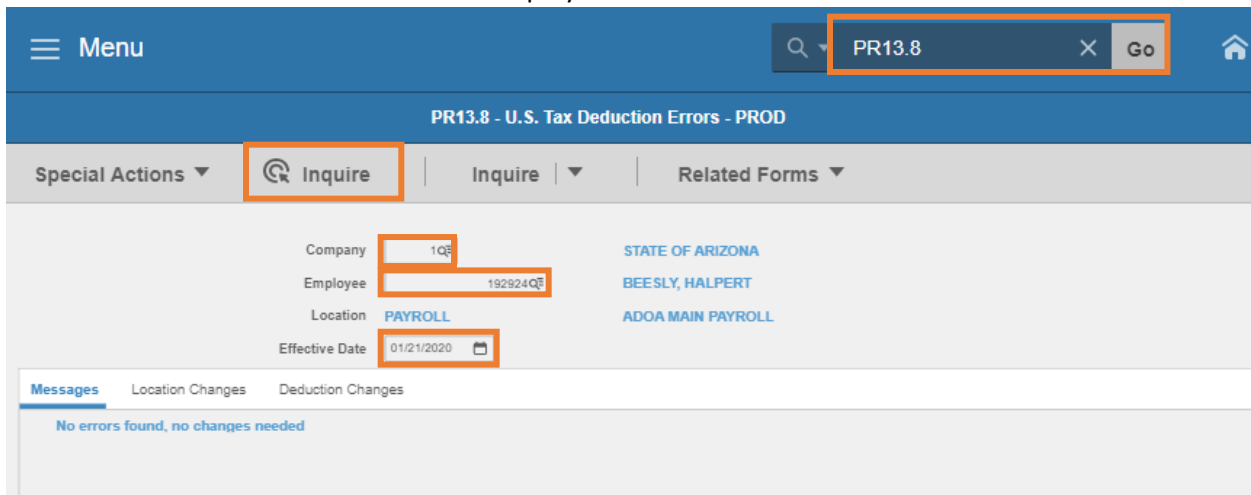
12. **Form Year:** Type the 4-digit year from the top right corner of the Form W-4. The **Form Year** is required to ensure the appropriate tax tables are used. A blank **Form Year** indicates the employee has elections from prior to 1/1/2020.

13. **Dependents:** Must be blank

14. **Other Income:** Must be blank
15. **Deductions:** Must be blank
16. Click **Change**

## US Tax Deduction Errors PR13.8

Use this form to view tax errors after an employee is hired.



PR13.8 - U.S. Tax Deduction Errors - PROD

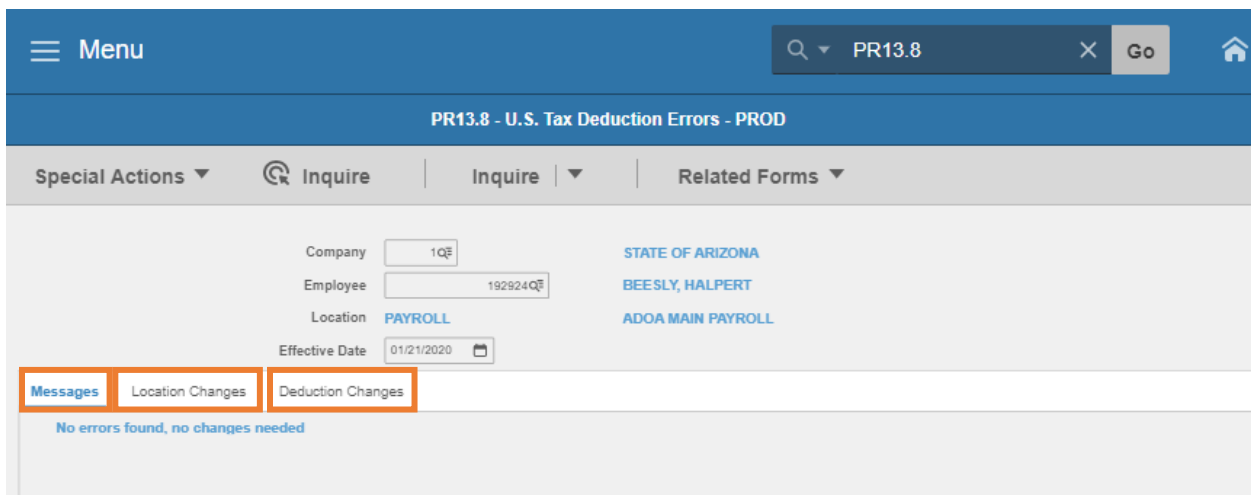
Special Actions ▾ **Inquire** | Inquire ▾ | Related Forms ▾

Company  STATE OF ARIZONA  
 Employee  BEESLY, HALPERT  
 Location **PAYROLL** ADOA MAIN PAYROLL  
 Effective Date

**Messages** | Location Changes | Deduction Changes

No errors found, no changes needed

1. Type **PR13.8** in the Search box, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Effective Date:** Enter the employee's **Hire Date** from HR11.1
5. Click **Inquire**



PR13.8 - U.S. Tax Deduction Errors - PROD

Special Actions ▾ **Inquire** | Inquire ▾ | Related Forms ▾

Company  STATE OF ARIZONA  
 Employee  BEESLY, HALPERT  
 Location **PAYROLL** ADOA MAIN PAYROLL  
 Effective Date

**Messages** | Location Changes | Deduction Changes

No errors found, no changes needed

6. Click **Messages** to view any errors that need to be corrected

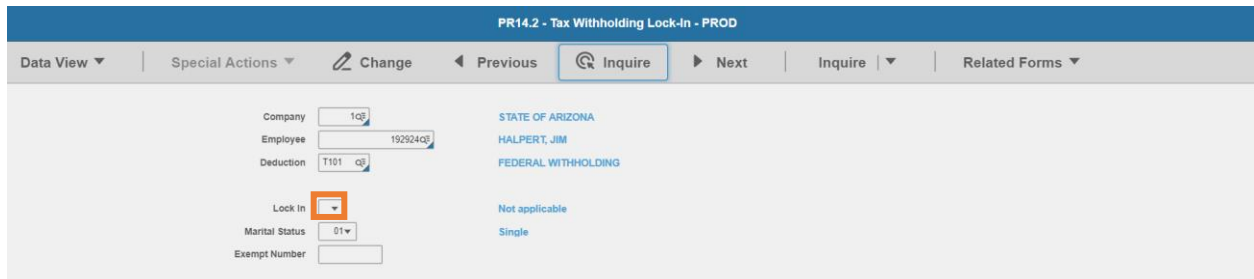
7. Click **Location Changes** to view errors due to location changes on an employee time record, that override the employee’s record location
8. Click **Deduction Changes** to view changes that occurred due to a Tax Locator update

## IRS Lock-In Withholding

Use Tax Withholding Lock-In PR14.2 to view the withholding level for federal withholding tax for an employee for whom the State of Arizona has received a **lock-in letter** from the IRS. ADOA Central Payroll maintains the entry and release of the Lock-In withholding. This form is view only.



1. Enter **PR14.2** in the search box, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction:** Type or select **T101**
5. Click **Inquire**



6. **Lock In** display is blank or displays **9 Lock-in**
  - Blank **Not applicable** indicates there is not an IRS Lock-in letter in place; employee can change their federal tax elections
  - **9- Lock-in** indicates federal tax cannot be changed; employee will receive an error in Y.E.S. if the employee attempts to change the federal tax. Agency Payroll Specialist cannot make changes on PR13.1; an error message of *Cannot change; tax withholding lock in place* will display in the status bar.

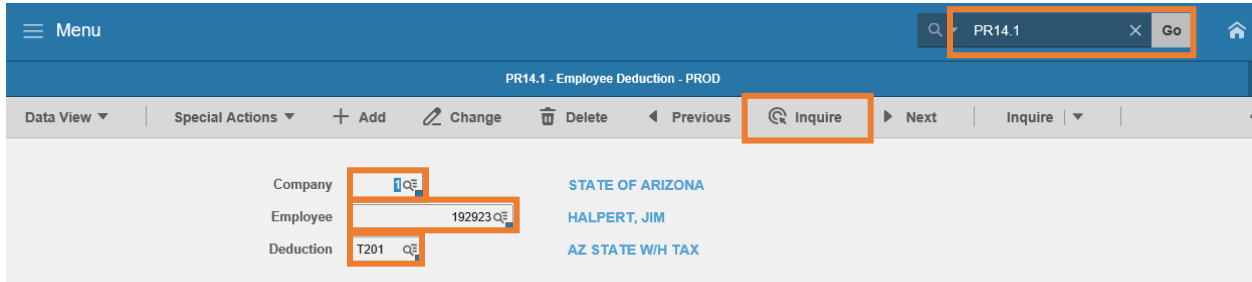
The **Marital Status** and **Exempt Number** (pre 2020 lock-in) displays what the IRS will allow the employee to claim. If the exemption field is blank, the employee will not be able to claim any exemptions. The employee will not be able to change their tax withholding unless they are making changes to withhold more taxes.



## Arizona State Tax

### Enter Arizona Percentage PR14.1

Enter employee elected state tax withholding on PR14.1 and PR13.1 using the amount from the Employee's Arizona Withholding Election Form A-4. Unless the employee is claiming exempt, an employee also has the option to select the Arizona tax withholding in Y.E.S. The information will automatically update HRIS within 24 hours.



PR14.1 - Employee Deduction - PROD

Company: STATE OF ARIZONA

Employee: HALPERT, JIM

Deduction: AZ STATE W/H TAX

1. Type **PR14.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction Code:** Type or select **T201** Deduction Code
5. Click **Inquire**

PR14.1 - Employee Deduction - PROD

Data View | Special Actions | + Add | **Change** | Delete | Previous | Inquire | Next | Inquire

Company: 100 STATE OF ARIZONA  
 Employee: 19292300 HALPERT, JIM  
 Deduction: T201 AZ STATE W/H TAX

Amount or Percent: USD  
 Addl or Minimum Amt, Pct: Exclude Amount  
 Balance Type: Balance Amount: Priority: 3  
 Arrears: Y Net To Zero - Create Arrears  
 Deduction Cycles: X X X X X T  
 Begin Date: 01/01/2020  
 End Date: Monthly Limit: Payment Limit:  
 BSI Formula: **13**  
 Calculation Type: T Tax  
 Payment Description: ARIZONA  
 Country Code: US United States of America

6. **BSI Formula:** Enter value based on employee's percentage election on the A-4

PR14 BSI Formula	% of Gross Taxable Wages	
10	5.1%	
11	4.2%	
12	3.6%	
13	2.7%	Default
14	1.8%	
9	1.3%	
15	0.8%	
8	0.00%	Exempt

- Formula 13 (2.7%) is used as a default if employee did not elect a percentage on the A-4
- Formula 8 Employee does not expect to have any Arizona tax liability for the current taxable year. Must file certification annually

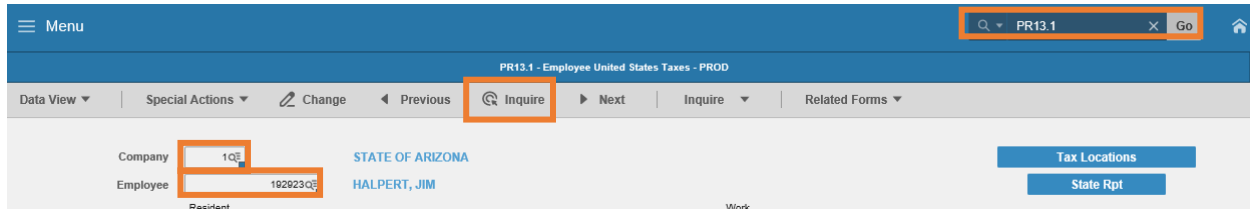
7. Click **Change**. Status bar displays message *Change Complete - Continue*

- PR13.1 now displays the BSI formula value on **Tax Info 1** tab for T201 deduction code
- Note:** If employee is claiming exempt, review the PR13.1 and confirm that the **Tax Exempt** field is blank

## Enter Additional State Amount PR13.1

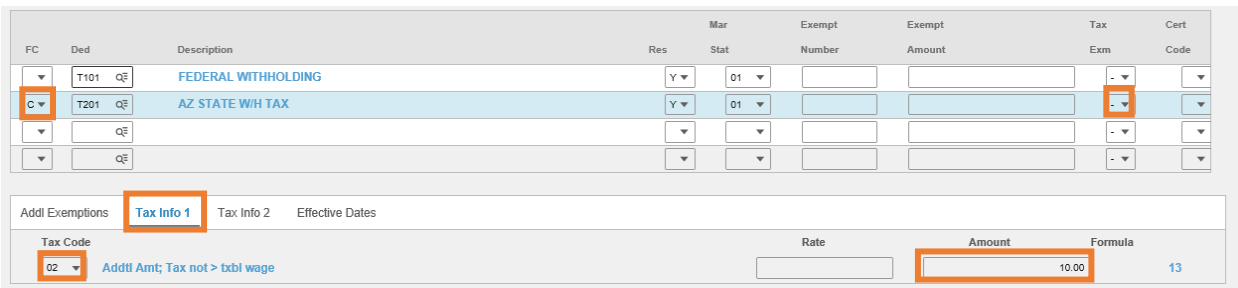
Review PR13.1 to review or update Additional Amount field or Tax Exm flag.

**Remove any Additional Amount or remove the Tax Exempt Flag that may remain from a previous A-4 election.**



The screenshot shows the HRIS interface with a search bar containing 'PR13.1' and a 'Go' button. Below the search bar, there are navigation buttons: 'Data View', 'Special Actions', 'Change', 'Previous', 'Inquire', 'Next', 'Inquire', and 'Related Forms'. The 'Inquire' button is highlighted. Below the navigation bar, there are fields for 'Company' (1) and 'Employee' (192923), with 'STATE OF ARIZONA' and 'HALPERT, JIM' displayed next to them. There are also buttons for 'Tax Locations' and 'State Rpt'.

1. Type **PR13.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Inquire**



The screenshot shows a table with columns: FC, Ded, Description, Res, Mar, Stat, Exempt, Number, Exempt, Amount, Tax, Exm, and Cert. The table has three rows. The first row is 'FEDERAL WITHHOLDING' with 'Y' in the Res column and '01' in the Stat column. The second row is 'AZ STATE W/H TAX' with 'C' in the FC column, 'Y' in the Res column, and '01' in the Stat column. The third row is blank. Below the table, there is a section for 'Addl Exemptions' with a 'Tax Info 1' button. Below that, there is a section for 'Tax Code' with a '02' dropdown and 'Addtl Amt; Tax not > txbl wage' text. The 'Rate' field is empty, the 'Amount' field contains '10.00', and the 'Formula' field contains '13'.

5. **FC:** Type or select **C** in the **T201** Deduction row
6. **Tax Emp flag** must be blank, remove **Y** if displayed
7. Click **Tax Info 1**
8. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
9. **Amount:** Enter additional amount up to two-decimals from A-4
  - **If the employee is claiming Tax Exempt, the employee cannot have an additional amount**
10. Click **Change**

This completes the process for State of Arizona tax elections.

## Deceased Employee - Disable Taxes

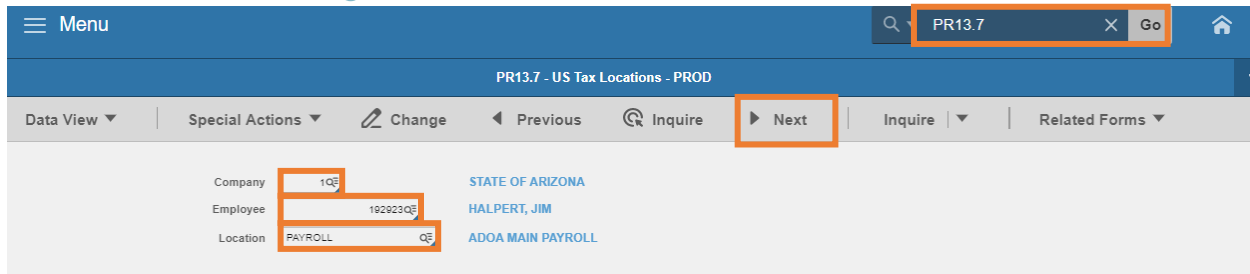
### Introduction

Any wages due to a deceased employee's beneficiary have special tax treatment. Depending on the year of death and year of payment, various taxes need to be stopped before a payment can be issued.

1. Taxable wage is disabled on PR13.7
2. Tax deductions are end dated on PR15.2

	Federal & State Tax	Social Security & Medicare	Deduction Codes to Disable
Wages paid IN SAME calendar year as employee's death	Exempt	Taxable	T101 and T201 or other state Tax Code(s)
Wages paid AFTER calendar year of employee's death	Exempt	Exempt	T101, T102, T103, T104, T105 and T201 or other state tax code  MQGE EE:  T101, T106, T107 and T201 or other state tax code

### Disable Taxable Wages – US Tax Locations PR13.7



The screenshot shows a web application interface for managing tax locations. At the top, there is a search bar with 'PR13.7' entered and a 'Go' button. Below the search bar, there are navigation buttons: 'Data View', 'Special Actions', 'Change', 'Previous', 'Inquire', 'Next' (highlighted with an orange box), 'Inquire', and 'Related Forms'. The search results are displayed in a table-like format:

Company	1	STATE OF ARIZONA
Employee	1929230	HALPERT, JIM
Location	PAYROLL	ADOA MAIN PAYROLL

1. Type **PR13.7** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Next**

**PR13.7 - US Tax Locations - PROD**

Data View ▾ | Special Actions ▾ | **Change** | Previous | Inquire | Next | Inquire ▾ | Related Forms ▾

Company: 1QE | STATE OF ARIZONA  
 Employee: 192923QE | HALPERT, JIM  
 Location: PAYROLL | ADOA MAIN PAYROLL

**System Assigned Tax Deductions** | User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
D	T101	FEDERAL WITHHOLDING		D	T102	SOCIAL SECURITY-ER	
D	T103	SOCIAL SECURITY-EE		D	T104	MEDICARE-ER	
D	T105	MEDICARE-EE			T108	FUTA-ER	
D	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

5. Click **System Assigned Tax Deductions**

6. **FC:** Type or select **D** to disable

- Select **D** for **T101** and **T201** or other state tax code if employee died in current calendar year

**System Assigned Tax Deductions** | User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
D	T101	FEDERAL WITHHOLDING			T102	SOCIAL SECURITY-ER	
	T103	SOCIAL SECURITY-EE			T104	MEDICARE-ER	
	T105	MEDICARE-EE			T108	FUTA-ER	
D	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

- Select **D** for **T101**, **T201** or other state tax code, **T102**, **T103**, **T104**, **T105** if employee died in a prior calendar year



**System Assigned Tax Deductions** | User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
D	T101	FEDERAL WITHHOLDING		D	T102	SOCIAL SECURITY-ER	
D	T103	SOCIAL SECURITY-EE		D	T104	MEDICARE-ER	
D	T105	MEDICARE-EE			T108	FUTA-ER	
D	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

7. Click **Change**

- Status bar displays message *Change Complete – Continue*
- Status changes to **Disabled**

**PR13.7 - US Tax Locations - PROD**

Data View ▾ | Special Actions ▾ |  Change | ◀ Previous |  Inquire | ▶ Next | Inquire ▾ | Related Forms ▾

Company  STATE OF ARIZONA  
 Employee  HALPERT, JIM  
 Location  ADOA MAIN PAYROLL

System Assigned Tax Deductions				User Tax Deductions			
FC	Ded	Description	Status	FC	Ded	Description	Status
▼	T101	FEDERAL WITHHOLDING	Disabled	▼	T102	SOCIAL SECURITY-ER	Disabled
▼	T103	SOCIAL SECURITY-EE	Disabled	▼	T104	MEDICARE-ER	Disabled
▼	T105	MEDICARE-EE	Disabled	▼	T108	FUTA-ER	
▼	T201	AZ STATE W/H TAX	Disabled	▼	T202	AZ UNEMP INS-ER	



## Stop Deceased Employee tax deductions PR15.2

Employee Deduction Speed Entry Form PR15.2

Use the PR15.2 to update multiple deductions on a single screen.

☰ Menu PR15.2

**PR15.2 - Employee Deduction Speed Entry - PROD**

Data View ▾ | Special Actions ▾ | + Add |  Change | ◀ Previous |  Inquire | ▶ Next | Inquire ▾ | ...

Company  STATE OF ARIZONA  
 Employee  HALPERT, JIM  
 Position To

1. Type **PR15.2** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Position To:** Enter **T101**
5. Click **Inquire**

PR15.2 - Employee Deduction Speed Entry - PROD

Data View | Special Actions | + Add | **Change** | Previous | Inquire | Next | Inquire | ...

Company: 105 STATE OF ARIZONA  
 Employee: 19292305 HALPERT, JIM  
 Position To: [ ]

FC	Ded	Amount or Percent	Type	Balance Amount	Deduction Cycles									Begin Date	End Date	Ply	Ar			
					1	2	3	4	5	6	7	8	9	Date	Date					
<b>C</b>	T101	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	01/15/2020	[ ]	[ ]	
[ ]	T102	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	[ ]	[ ]	1	Y
[ ]	T103	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	[ ]	[ ]	1	Y
[ ]	T104	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	[ ]	[ ]	1	Y
[ ]	T105	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	[ ]	[ ]	1	Y
[ ]	T108	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	X	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	01/01/2020	[ ]	[ ]	5	Y
<b>C</b>	T201	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	01/15/2020	[ ]	3	Y
[ ]	T202	[ ]	[ ]	[ ]	X	X	X	[ ]	X	[ ]	[ ]	[ ]	[ ]	X	T	01/01/2020	[ ]	[ ]	4	Y
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

6. **FC:** Type or select **C**

- Select **C** for **T101** and **T201** or other state tax code if employee died in current calendar year
- Select **C** for **T101**, **T201** or other state tax code, **T102**, **T103**, **T104**, **T105** if employee died in a prior calendar year

7. **End Date:** Select the **date of death**

8. Click **Change**

The tax deductions are now stopped.



# Medicare Qualified Government Employee (MQGE)

## Introduction

An employee required to pay the Medicare-only portion of FICA is referred to as a Medicare Qualified Government Employee (MQGE). The employee will have only MQGE (Medicare Only) withheld from pay on a biweekly basis in place of Social Security and Medicare Taxes. The employee is still required to pay federal and state taxes. Eligible employees at the State of Arizona include Superior Court Judges.

MQGE deductions are established in HRIS using the US Tax Locations Form (PR13.7) and the employee Deduction Entry Form (PR14.1)

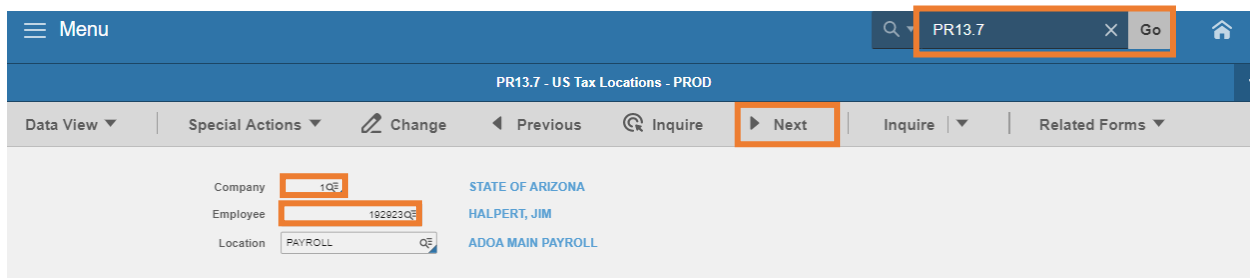
### Note:

1. The MQGE withholding requires stopping the existing Medicare and Social Security withholdings then establishing an employee and employer MQGE withholding.
2. Changes to an employee's tax withholdings cannot be future dated.
3. It is also possible to update the employee deductions via the Employee Deduction Speed Entry Form (PR15.2). However, instructions are not included in this document.

## Update Taxes for MQGE Eligible Employee

### Disable Social Security and Medicare Taxes

The **US Tax Locations Form (PR13.7)** is used to indicate whether a tax deduction code is to be included in the taxable wages calculation. A blank status includes the tax deduction code in taxable wages. A Disabled status will exclude the tax deduction code from the taxable wages calculation.



The screenshot shows the HRIS interface for the PR13.7 - US Tax Locations - PROD form. The search bar at the top right contains 'PR13.7' and the 'Go' button is highlighted. The navigation bar below the search bar has a 'Next' button highlighted. The form fields are as follows:

Company	1QE	STATE OF ARIZONA
Employee	192923QE	HALPERT, JIM
Location	PAYROLL	ADOA MAIN PAYROLL

1. Type **PR13.7** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Next**

PR13.7 - US Tax Locations - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire | Related Forms

Company: 1QE STATE OF ARIZONA  
 Employee: 192923QE HALPERT, JIM  
 Location: PAYROLL ADOA MAIN PAYROLL

**System Assigned Tax Deductions** User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
	T101	FEDERAL WITHHOLDING			T102	SOCIAL SECURITY-ER	
<b>D</b>	T103	SOCIAL SECURITY-EE		<b>D</b>	T104	MEDICARE-ER	
<b>D</b>	T105	MEDICARE-EE			T108	FUTA-ER	
	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

5. Click **System Assigned Tax Deductions**
6. **FC:** Type or select **D** to disable the taxable wage
  - Select **D** for **T102, T103, T104 and T105**
7. Click **Change**.
  - Status bar displays message *Change Complete – Continue*
  - Status changes to Disabled

PR13.7 - US Tax Locations - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire | Related Forms

Company: 1QE STATE OF ARIZONA  
 Employee: 192923QE HALPERT, JIM  
 Location: PAYROLL ADOA MAIN PAYROLL

**System Assigned Tax Deductions** User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
	T101	FEDERAL WITHHOLDING			T102	SOCIAL SECURITY-ER	Disabled
	T103	SOCIAL SECURITY-EE	Disabled		T104	MEDICARE-ER	Disabled
	T105	MEDICARE-EE	Disabled		T108	FUTA-ER	
	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

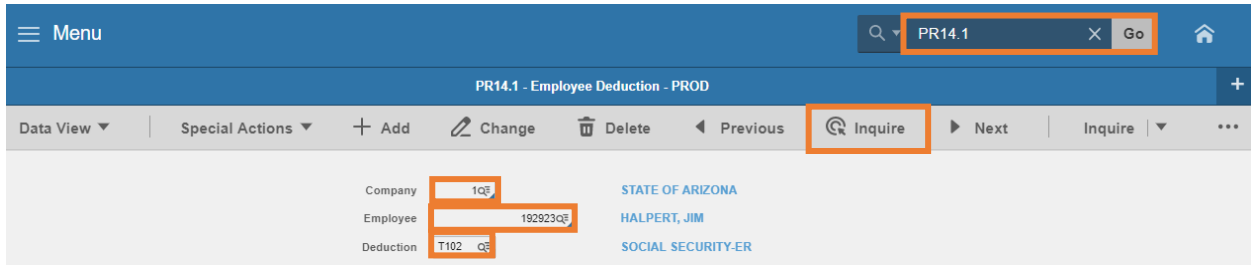
Taxable wages are disabled. Continue to end date the employee deductions on PR14.1.

Use **Employee Deductions (PR14.1)** to stop **T102, T103, T104, and T105**.

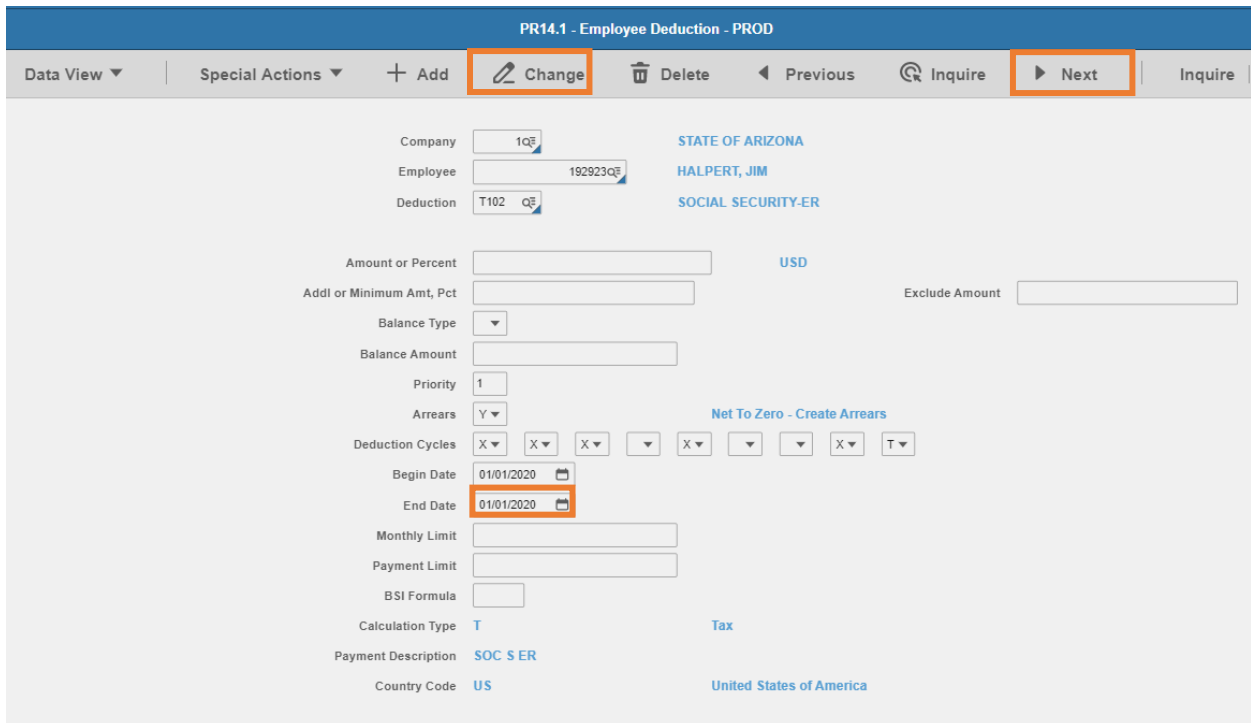
This form is used to indicate whether a tax deduction code is taken from the employee's paycheck.

**Disable the taxes on PR13.7 prior to end dating the deductions on PR14.1.**

Only change the fields indicated in this process, the values in other PR14.1 fields are defaulted based on the system setup, do NOT change the values.



1. Type **PR14.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction:** Enter **T102**
5. Click **Inquire**



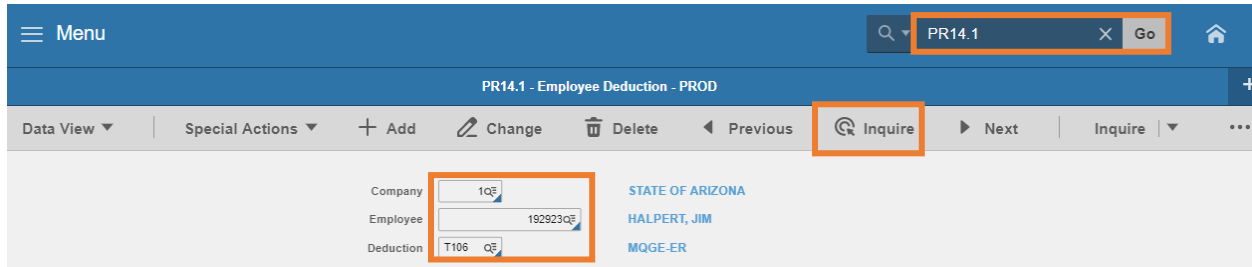
6. **End Date:** Select the stop date for the deduction
  - Use **Hire Date** or the **Pay Period End (PPE) Date** from the payroll before the employee is enrolled in MQGE
7. Click **Change**. Status bar displays message *Change Complete - Continue*
8. Click **Next** to display **T103**
9. Repeat steps 6 & 7 for **T103**, **T104** and **T105** deductions

The process of disabling Social Security and Medicare Taxes is complete.

## Enable MQGE Taxes

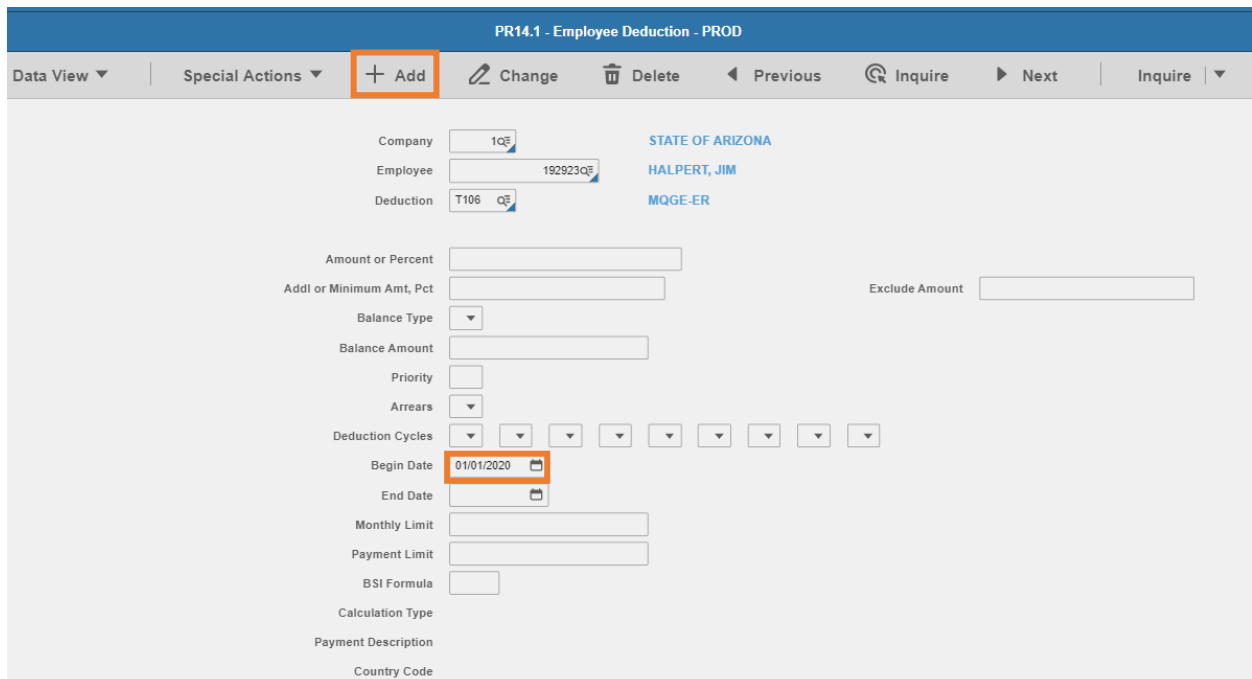
### Create Employee Deductions (PR14.1) – Add T106 and T107

This form is used to create the MQGE tax deductions that will be withheld from the employee's paycheck. **Only input the fields indicated in this process, the values in other PR14.1 fields are defaulted based on the system setup, do NOT change the values.**



1. Type **PR14.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction:** Type **T106**
5. Click **Inquire**. Status bar displays the message *Employee Deduction Does Not Exist*

**Fields below must be blank to continue. If fields are populated, place your cursor in the Amount or Percent field and press **Ctrl Shift K** on your keyboard to clear the data.**



6. **Begin Date:** Select the start date of the MQGE deduction
  - Use **Hire Date** or the **Pay Period Begin Date** of the payroll the employee is enrolled in MQGE

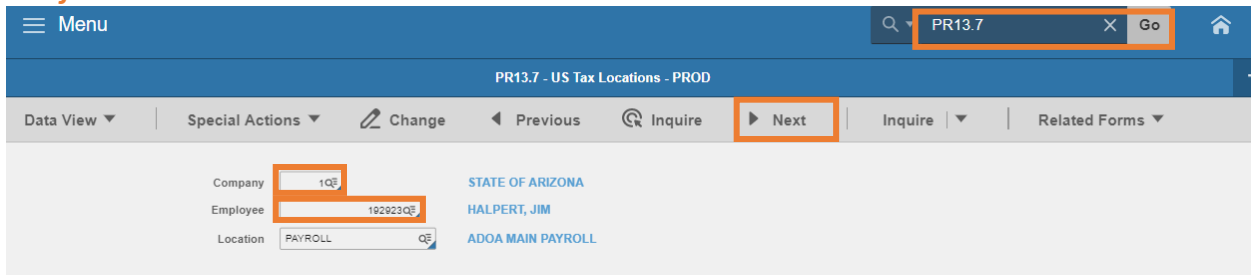
7. Click **Add**. Status bar message displays *Add Complete – Continue*.
8. Repeat steps 4-7 for deduction **T107 MQGE-EE**

The MQGE tax deductions are added, follow process to Enable MQGE Deductions.

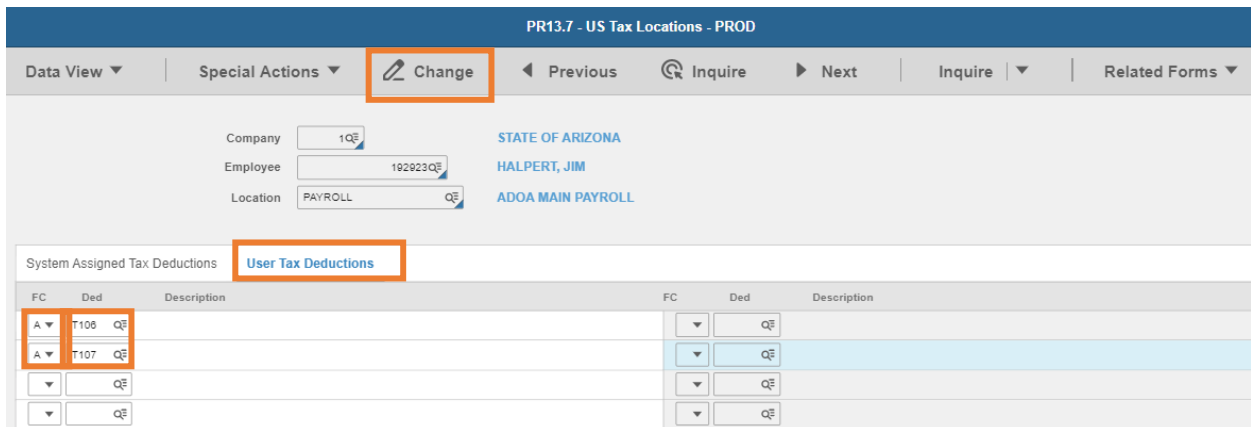
### Enable MQGE Deductions

US Tax Locations Form (PR13.7) – T106 & T107

*It is very risky to enable/disable a tax deduction. It is extremely important that only the MQGE deductions be enabled. At no time should any other tax deductions be enabled using this form.*



1. Type **PR13.7** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Next**



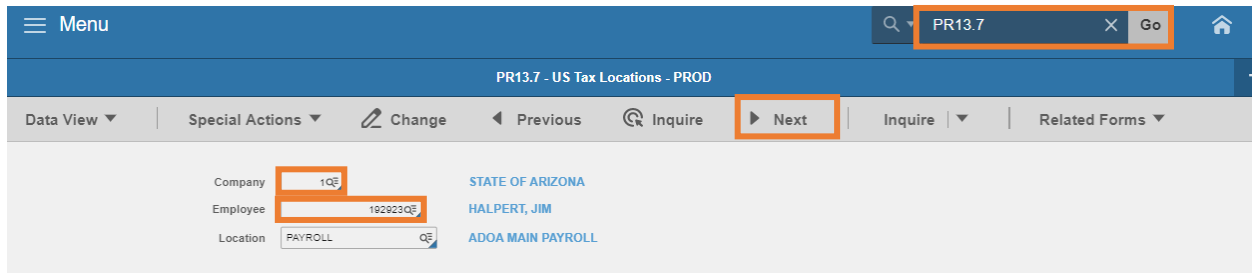
FC	Ded	Description	FC	Ded	Description
A	T106	QE		QE	
A	T107	QE		QE	
		QE		QE	
		QE		QE	

5. Click **User Tax Deductions**
6. **FC:** Type or select **A** to Add
7. **Ded:** Select **T106** in the first row and **T107** in the second row
8. Click **Change**. Status bar displays message *Change Complete – Continue*.

This completes the process for setup of MQGE Deductions.

## MQGE Employee No Longer Eligible due to Job Change Disable MQGE/Enable Social Security and Medicare PR13.7 US Tax Locations Form (PR13.7)

Use the form to disable MQGE taxable wages and enable Social Security and Medicare taxable wages.



The screenshot shows the top navigation bar with a search field containing 'PR13.7' and a 'Go' button. Below the navigation bar, the form title is 'PR13.7 - US Tax Locations - PROD'. The main form area contains three fields: 'Company' with value '1QE', 'Employee' with value '192923QE', and 'Location' with value 'PAYROLL'. To the right of these fields, the system has populated the values: 'STATE OF ARIZONA' for Company, 'HALPERT, JIM' for Employee, and 'ADOA MAIN PAYROLL' for Location. The 'Next' button in the navigation bar is highlighted with an orange box.

1. Type **PR13.7** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Next**

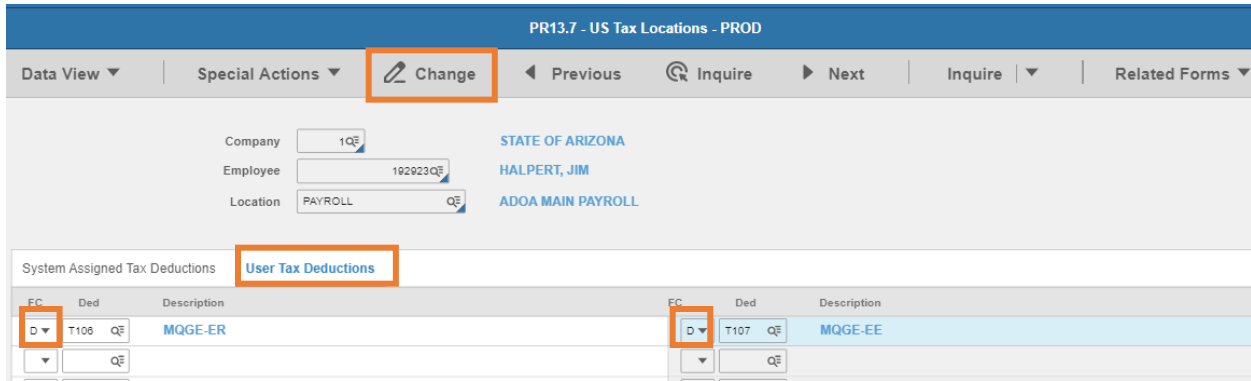


This screenshot shows the same form as above, but the 'Change' button in the navigation bar is highlighted with an orange box. The form fields and populated values remain the same.

**System Assigned Tax Deductions** User Tax Deductions

FC	Ded	Description	Status	FC	Ded	Description	Status
	T101	FEDERAL WITHHOLDING			T102	SOCIAL SECURITY-ER	Disabled
E	T103	SOCIAL SECURITY-EE	Disabled	E	T104	MEDICARE-ER	Disabled
E	T105	MEDICARE-EE	Disabled		T108	FUTA-ER	
	T201	AZ STATE W/H TAX			T202	AZ UNEMP INS-ER	

5. Click **System Assigned Tax Deductions**
6. **FC:** Type or select **E** to Enable **T102, T103, T104** and **T105** deductions
7. **Click Change.** Status will no longer display Disabled.



PR13.7 - US Tax Locations - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire | Related Forms

Company: 1QE STATE OF ARIZONA  
 Employee: 192923QE HALPERT, JIM  
 Location: PAYROLL ADOA MAIN PAYROLL

System Assigned Tax Deductions: **User Tax Deductions**

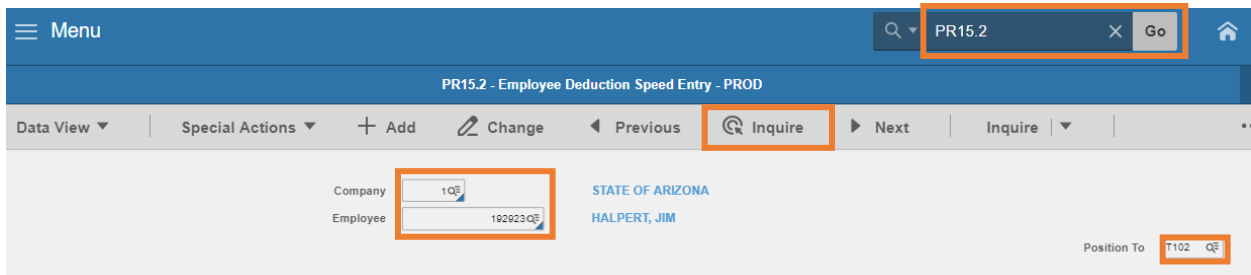
FC	Ded	Description	FC	Ded	Description
<b>D</b>	T106	MQGE-ER	<b>D</b>	T107	MQGE-EE

8. Click **User Tax Deductions**
9. **FC:** Type or select **D** to Delete T106 and T107 deductions
10. Click **Change**
  - Deductions will be removed from the screen

The taxable wages setup is complete. Continue to Stop MQGE/Start Social Security and Medicare deductions.

### Stop MQGE/Start Social Security and Medicare deductions PR15.2 Employee Deduction Speed Entry Form PR15.2

Use the PR15.2 to update multiple deductions on a single screen. Stop MQGE tax deductions and start Social Security and Medicare tax deductions.



Menu | PR15.2 | Go

PR15.2 - Employee Deduction Speed Entry - PROD

Data View | Special Actions | Add | **Change** | Previous | **Inquire** | Next | Inquire

Company: 1 STATE OF ARIZONA  
 Employee: 192923QE HALPERT, JIM  
 Position To: T102

1. Type **PR15.2** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Position To:** Type **T102**
5. Click **Inquire**



PR15.2 - Employee Deduction Speed Entry - PROD

Data View | Special Actions | + Add | **Change** | Previous | Inquire | Next | Inquire

Company: 1QE STATE OF ARIZONA  
 Employee: 192923QE HALPERT, JIM  
 Position To: QE

FC	Ded	Amount or		Balance	Deduction Cycles									Begin	End	Pty	Ar	
		Percent	Type		Amount	1	2	3	4	5	6	7	8	9	Date			Date
C	T102	QE			X	X	X		X				X	T	01/16/2020		1	Y
C	T103	QE			X	X	X		X				X	T	01/16/2020		1	Y
C	T104	QE			X	X	X		X				X	T	01/16/2020		1	Y
C	T105	QE			X	X	X		X				X	T	01/16/2020		1	Y
C	T106	QE			X	X	X		X				X	T	01/01/2020	01/15/2020	1	Y
C	T107	QE			X	X	X		X				X	T	01/01/2020	01/15/2020	1	Y

6. **FC:** Type or select **C** for deductions **T102** through **T107**
7. **Begin Date:** Select the **NEW** start **date** for **T102**, **T103**, **T104** and **T105** deductions. Do not change begin date of **T106** and **T107** deductions.
8. **End Date:** Select the end **date** to stop the **T106** and **T107** deductions. **Delete** the existing end date so that field is blank for **T102**, **T103**, **T104** and **T105** deductions.
9. Click **Change**

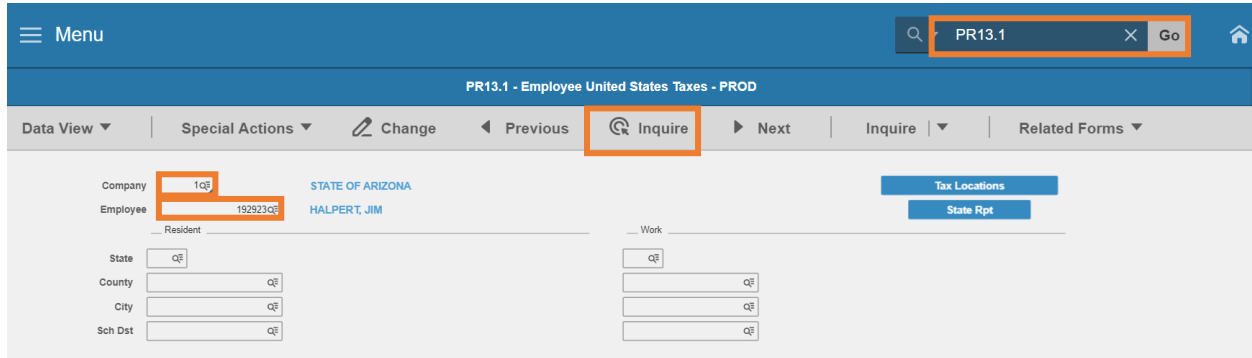
This completes the process of disabling MQGE and starting Social Security & Medicare deductions.

## Employee lives and works outside of Arizona

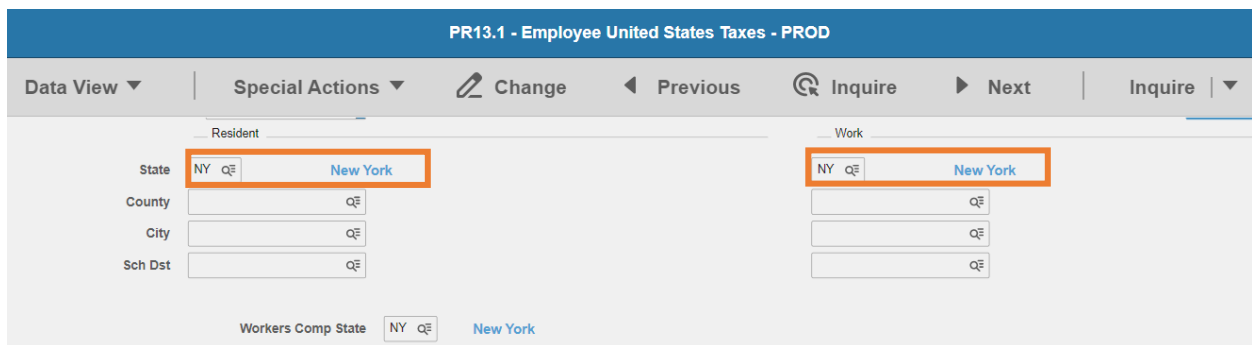
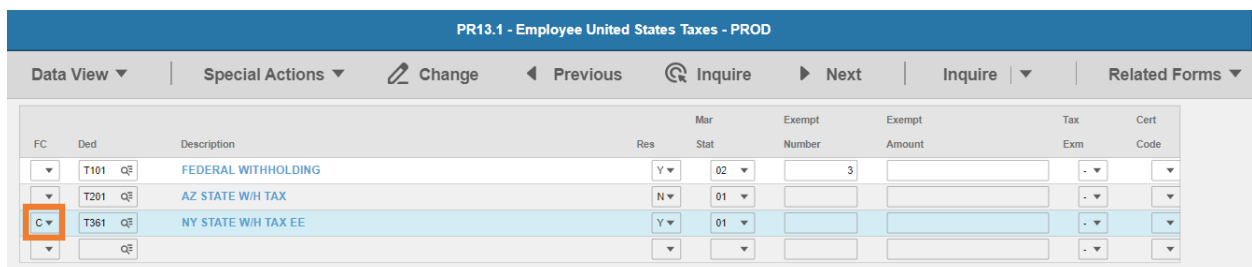
An employee who lives and works outside of Arizona cannot make state specific tax elections in Y.E.S. The withholding elections must be entered by the Agency Payroll Specialist directly in HRIS using the PR13.1 screen and some states also require entry on the PR14.1 screen.

### General Instructions applicable to all states

Access the PR13.1 Employee United States Taxes (PR13.1)



1. Type **PR13.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. Click **Inquire**
5. The employee's **Resident State** and **Work State** populate

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3			
	T201	AZ STATE W/H TAX	N	01				
<b>C</b>	T381	NY STATE W/H TAX EE	Y	01				

6. Locate state specific tax row of the **two-digit state** identifier followed by **STATE W/H TAX EE**
7. **FC:** Type or select **C** for the state specific deduction

8. Follow state specific instructions for entry. Instructions in this training are based on the tax forms as of July 1, 2021.

### No State Tax: Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming

The states below do not currently have an individual income tax, therefore no employee withholding for state income tax is required:

- Alaska
- Florida
- Nevada
- New Hampshire
- South Dakota
- Tennessee
- Texas
- Washington
- Wyoming

**No action is required.**

### Use IRS Form W-4: New Mexico, North Dakota, or Utah

The following states calculate income tax withholding based on information reported by the employee on the IRS Form W-4 Employee's Withholding Certificate. There is no separate state withholding certificate.

- New Mexico T359
- North Dakota T365
- Utah T385

**Website:** Internal Revenue Service <https://www.irs.gov/pub/irs-pdf/fw4.pdf>

**Form:** IRS Form W-4

Form <b>W-4</b> (Rev. December 2020) Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b> ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.	OMB No. 1545-0074  <b>2021</b>
<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____ Address _____ City or town, state, and ZIP code _____	(b) Social security number _____  ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can

HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101	FEDERAL WITHHOLDING	Y	02	4				
	T201	AZ STATE W/H TAX	N	01					
C	T309	CO STATE W/H TAX EE	Y	01					

1. **FC:** Type or select **C** for the **T3XX XX STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated in Step 1(c) of the W-4

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

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**Step 1:** Enter Personal Information

(a) First name and middle initial <b>JIM</b>	Last name <b>HALPERT</b>	(b) Social security number
Address <b>123 MAIN STREET</b>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code <b>ANYTOWN, USA 90210</b>		
(c) <input checked="" type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

- Select **01** for Single/Married filing separately
- Select **04** for Married filing jointly (or Qualifying widow(er))
- Select **06** for Head of household

Tax Info 2

Add'l Exemptions	Tax Info 1	Tax Info 2	Effective Dates
Form Year	Multiple Jobs	Dependents	Other income
2020	2 Yes	4000	10000
Deductions			

4. Click **Tax Info 2** tab
5. Form Year: Type the **4-digit year** from the top right corner of the W-4

Form **W-4** **Employee's Withholding Certificate** OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

---

**Step 1:** Enter Personal Information

(a) First name and middle initial <b>JIM</b>	Last name <b>HALPERT</b>	(b) Social security number
Address		

6. **Multiple Jobs:** Select **1** or **2** as indicated in Step 2(c) of the W-4

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

- Select **1 No** (default value) if Step 2(c) box is blank
- Select **2 Yes** if Step 2(c) box is checked

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
	T101	FEDERAL WITHHOLDING	Y	02	4			
	T201	AZ STATE W/H TAX	N	01				
C	T309	CO STATE W/H TAX EE	Y	01				

Addl Exemptions	Tax Info 1	Tax Info 2	Effective Dates
Form Year	Multiple Jobs	Dependents	Other Income
2020	2 Yes	4000	10000
			Deductions

7. **Dependents:** Leave blank or enter value from Step 3, line 3 of the W-4

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
	Multiply the number of qualifying children under age 17 by \$2,000	\$ 4000
	Multiply the number of other dependents by \$500 . . . . .	\$
	Add the amounts above and enter the total here . . . . .	3 \$ 4000

8. **Other Income:** Leave blank or enter value from Step 4, line 4(a) of the W-4

9. **Deductions:** Leave blank or enter value from Step 4, line 4(b) of the W-4

Step 4 (optional): Other Adjustments		
(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$ 10000
(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	4(c)	\$ 25

Tax Info 1 Tab. Enter extra withholding amount

Addl Exemptions	Tax Info 1	Tax Info 2	Effective Dates
Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

10. Click **Tax Info 1**

11. **Tax Code:** Select **02 Addtl Amt; Tax not > txbl wage**

12. **Amount:** Leave blank or enter the amount from W-4 Step 4 box 4(c)

**Step 4  
(optional):  
Other  
Adjustments**

<p><b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .</p>	<p>4(a) \$ 10000</p>
<p><b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .</p>	<p>4(b) \$</p>
<p><b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .</p>	<p>4(c) \$ 25</p>

13. Click **Change**. Status bar displays message *Change Complete – Continue*.

This completes the process for state tax elections that use the IRS Form W-4.

## Alabama T301


**Website:** Alabama Department of Revenue <https://revenue.alabama.gov>

**Form:** A4 Employee's Withholding Tax Exemption Certificate

Screenshot of Form

**FORM  
A4**  
(REV. 3/2014)

ALABAMA DEPARTMENT OF REVENUE  
50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300  
[www.revenue.alabama.gov](http://www.revenue.alabama.gov)



### Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

**Part I – To be completed by the employee**

Reset Form

EMPLOYEE NAME		EMPLOYEE SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE

#### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. ....
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption .....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption .....
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* .....
5. Additional amount, if any, you want deducted each pay period. .... \$
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) .....

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-	▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-	▼	▼
▼	<b>C</b>	<b>T301 QF</b>	<b>Y</b>	<b>01</b>			-	▼	▼
▼	QF		▼	▼			-	▼	▼

1. **FC:** Type or select **C** for the **T301 AL STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**



3. **Mar Stat:** Select the value related to the marital status indicated on the form

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. ....
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption .....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. ....

0
S or MS
M or H

- Select **01** if line 1 is **0**
- Select **01** if line 2 is **S**
- Select **03** if line 2 is **MS**
- Select **02** if line 3 is **M**
- Select **06** if line 3 is **H**

Enter Dependent and Additional Amount elections

4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below. .... 2
5. Additional amount, if any, you want deducted each pay period. .... \$ 25.00

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar	Exempt	Exempt	Tax	Cert
				Stat	Number	Amount	Exm	Code
▼	T101	FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201	AZ STATE W/H TAX	N	01			-	▼
C	T301	AL STATE W/H TAX EE	Y	01	2		-	▼
▼			▼	▼			-	▼

Addl Exemptions Tax Info 1 | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	

4. **Exempt Number:** Enter amount from line 4.

- If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Alabama Department of revenue at the address or phone number listed on the form.
- If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected A4 Form reflecting the proper exemption the employee is entitled to claim.

5. **Tax Emp flag:** Select **No**

- Change flag to **Y** if the employee is claiming exempt

6. Click **Tax Info 1** tab

7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage

8. **Amount:** Enter amount amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Alabama state tax elections.

## Arkansas T305

**Website:** Arkansas Department of Finance and Administration <https://www.dfa.arkansas.gov>

**Form:** AR4EC Employee's Withholding Exemption Certificate

AR4ECSP Employee's Special Withholding Exemption Certificate

A4EC (TX) Texarkana Employee's Withholding Exemption Certificate

# AR4EC

## STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>How to Claim Your Withholding</b> <i>See instructions below</i>		Number of Exemptions Claimed
<p><b>Employee:</b> File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p><b>Employer:</b> Keep this certificate with your records.</p>	1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED	
	a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> .....	1a
	b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> .....	1b
	c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> .....	1c
	2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> .....	2
3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero.....	3	
4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> .....	4	
5. I qualify for the low-income tax rates. <i>(See below for details)</i> .....	5	
Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household		<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HRIS Entry

PR13.1 - Employee United States Taxes - PROD													
Data View ▾		Special Actions ▾		Change		◀ Previous		Inquire		▶ Next		Inquire ▾	
FC	Ded	Description	Res	Mar	Exempt	Exempt	Tax	Cert					
				Stat	Number	Amount	Exm	Code					
▼	T101 Q	FEDERAL WITHHOLDING	Y	02	3		-	▼					
▼	T201 Q	AZ STATE W/H TAX	N	01			-	▼					
<b>C</b>	T305 Q	AR STATE W/H TAX EE	Y	<b>01</b>			-	▼					
▼	Q		▼	▼			-	▼					

1. **FC:** Type or select **C** for the **T305 AR STATE W/H TAX EE** deduction

2. **Res** flag displays **Y**
3. **Mar Stat**: Select the same Mar Stat as **T101** Federal Withholding
4. If the **Yes** box is selected in line 5 email [outsideazwork@azdoa.gov](mailto:outsideazwork@azdoa.gov) for assistance with low-income tax rates

5. I qualify for the low-income tax rates. (See below for details)..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Enter Allowances/Dependent and Additional Amount elections

3. <b>TOTAL EXEMPTIONS.</b> (Add Lines 1a, b, c, and 2) If no exemptions or dependents are claimed, enter zero..... 3	
4. <b>Additional amount, if any, you want deducted from each paycheck.</b> (Enter dollar amount) ..... 4	

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | 🔍 Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			▼	▼
C	T305 QF	AR STATE W/H TAX EE	Y	01	2		▼	▼
▼	QF		▼	▼			▼	▼

Addtl Exemptions Tax Info 1 Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage		25.00

5. **Exempt Number**: Enter amount from line 3.
6. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee submits **AR4ECSP Employee’s Special Withholding Exemption Certificate**
7. Click **Tax Info 1** tab
8. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
9. **Amount**: Enter amount up to two-decimals from line 4.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
10. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Arkansas state tax elections.

## California T307

**Website:** State of California, Employment Development Department <https://www.edd.ca.gov>

**Form:** DE 4 Employee's Withholding Allowance Certificate

**Default Rate:** Single with Zero withholding allowance



Clear Form

### EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A)
- 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
- 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)

OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View		Special Actions		Change	Previous	Inquire	Next	Inquire	
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101	QF FEDERAL WITHHOLDING	Y	01			-		
	T201	QF AZ STATE W/H TAX	N	01			-		
<b>C</b>	T307	QF CA STATE W/H TAX EE	Y	<b>01</b>			-		
		QF					-		

- FC:** Type or select **C** for the **T307 CA STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name Employee Name	Social Security Number 000-12-4567
Address 100 N Main Street City, State, and ZIP Code Anytown, CA 90210	Filing Status <input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Select **01** if **SINGLE or MARRIED(with two or more incomes)** is selected
- Select **05** if **MARRIED (one income)** is selected
- Select **06** if **HEAD OF HOUSEHOLD** is selected

Enter Allowances and Additional Amount elections

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (Worksheet A)
  - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
  - 1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)

OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)
- OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
	T101 Q	FEDERAL WITHHOLDING	Y	01	4		-	
	T201 Q	AZ STATE W/H TAX	N	01			-	
C	T307 Q	CA STATE W/H TAX EE	Y	01	2		-	

Addl Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 1c.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt in line 3. or line 4.
    - i. To continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 of each year to continue the exemption
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.

9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for California state tax elections.

## Colorado T309

**Website:** Colorado Department of Revenue <https://tax.colorado.gov/withholding-forms>

### Form: DR 0004 Colorado Employee Withholding Certificate


The **DR 0004** is optional for employees. If they do not complete the form, then taxes calculate based on the employee’s IRS Form W-4.

Form

<b>1. Personal Information</b>				
Last Name		First Name		Middle Initial
Mailing Address			SSN or ITIN	
City			State	ZIP Code
<b>2. Annual Withholding Allowance</b>				
a. If you want to reduce your Colorado withholding based on the federal standard deduction and your number of jobs, enter the appropriate amount from Table 1 below. <i>If you have multiple jobs but earn most of your income from one job, complete Worksheet 1 instead and enter the result here.</i>				
b. If you also want to reduce your Colorado withholding based on the additional federal deductions and/or Colorado child tax credit you expect to claim, complete Worksheet 1 and enter the result here.				
<i>If you want a greater amount withheld, you may enter a smaller amount than either calculation.</i>				
				\$
<b>3. Additional Withholding Per Pay Period</b>				
Enter any additional tax you want withheld from each paycheck. <i>If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here.</i>				\$
<b>4. Sign Here.</b> This form is not valid unless you sign this declaration: <i>I declare that the amounts on this certificate have not been presented to willfully evade Colorado income tax or obstruct its collection.</i>				
Employee Signature				Date (MMDDYY)

HRIS Entry

PR13.1 - \*Employee United States Taxes - PROD

Data View | Special Actions |  Change |  Previous |  Inquire |  Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	04			-	
	T201	AZ STATE W/H TAX	N	01			-	
<b>C</b>	T309	CO STATE W/H TAX EE	Y	04			-	
							-	

- FC:** Type or select **C** for the **T309 CO STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the same Mar Stat as T101 Federal Withholding
- Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee submits **DR 1059 Exemptions from Withholding** for a Qualifying Spouse of a U.S. Armed Forces Service member



Enter Annual Withholding Allowance



**2. Annual Withholding Allowance**

a. If you want to reduce your Colorado withholding based on the federal standard deduction and your number of jobs, enter the appropriate amount from Table 1 below. *If you have multiple jobs but earn most of your income from one job, complete Worksheet 1 instead and enter the result here.*

b. If you also want to reduce your Colorado withholding based on the additional federal deductions and/or Colorado child tax credit you expect to claim, complete Worksheet 1 and enter the result here.

*If you want a greater amount withheld, you may enter a smaller amount than either calculation.* \$

PR13.1 - \*Employee United States Taxes - PROD

Data View | Special Actions |  Change | Previous |  Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	04			-	
	T201	AZ STATE W/H TAX	N	01			-	
C	T309	CO STATE W/H TAX EE	Y	04			-	

Add Exemptions | Tax Info 1 | **Tax Info 2** | Effective Dates

Form Year:  | Multiple Jobs:  | Dependents:  | Other Income:  | Deductions:



5. Click **Tax Info 2** tab
6. **Form Year**: Enter 4 digit calendar year
7. **Deductions**: Enter amount from Line 2

Enter Additional Withholding elections

**3. Additional Withholding Per Pay Period**

Enter any additional tax you want withheld from each paycheck. *If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here.* \$

PR13.1 - \*Employee United States Taxes - PROD

Data View | Special Actions | ** Change** | Previous |  Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	04			-	
	T201	AZ STATE W/H TAX	N	01			-	
C	T309	CO STATE W/H TAX EE	Y	04			-	

Add Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txbl wage	<input type="text"/>	<input type="text" value="25.00"/>	<input type="text"/>

8. Click **Tax Info 1** tab
9. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
10. **Amount**: Enter amount up to two-decimals from line 3.

*If the employee is claiming Tax Exempt, they cannot have an additional amount*

11. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Colorado state tax elections

## Connecticut T311

**Website:** Connecticut State Department of Revenue Services <https://portal.ct.gov/DRS>

### Form: CT-W4 Employee's Withholding Certificate

Department of Revenue Services  
State of Connecticut  
(Rev. 12/20)

## Form CT-W4 Employee's Withholding Certificate

Effective January 1, 2021

Complete this form in blue or black ink only.

**Employee Instructions**

- Read the 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.

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

Married Filing Separately	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$12,000.	<b>A</b>
I have significant nonwage income and wish to avoid having too little tax withheld.	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>
Single	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$15,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$15,000.	<b>F</b>
I have significant nonwage income and wish to avoid having too little tax withheld.	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>
Head of Household	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$19,000 and no withholding is necessary.	<b>E</b>
My expected annual gross income is <b>greater</b> than \$19,000.	<b>B</b>
I have significant nonwage income and wish to avoid having too little tax withheld.	<b>D</b>
I am a nonresident of Connecticut with substantial other income.	<b>D</b>

\* 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. \_\_\_\_\_  Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile:
2. Additional withholding amount per pay period: If any, see instructions. .... 2. \$ \_\_\_\_\_
3. Reduced withholding amount per pay period: If any, see instructions. .... 3. \$ \_\_\_\_\_

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
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
----------------------	------



HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101 QF	FEDERAL WITHHOLDING	Y	02	3				
	T201 QF	AZ STATE W/H TAX	N	01					
C	T311 QF	CT STATE W/H TAX EE	Y	01					
	QF								

1. **FC:** Type or select **C** for the **T311 CT STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

**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. A, B, C, D or E  Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile:

2. Additional withholding amount per pay period: If any, see instructions. .... 2. \$ 25.00

3. Reduced withholding amount per pay period: If any, see instructions. .... 3. \$ \_\_\_\_\_

- Select **03** if line 1 is **A**
- Select **06** if line 1 is **B**
- Select **05** if line 1 is **C**
- Select **04** if line 1 is **D**
- Select **01** if line 1 is **E** and Select **Y** in **Tax Exm** field (step 5)
- Select **01** if line 1 is **F**

Enter Additional Amount elections

**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. A, B, C, D or E  Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile:

2. Additional withholding amount per pay period: If any, see instructions. .... 2. \$ 25.00

3. Reduced withholding amount per pay period: If any, see instructions. .... 3. \$ \_\_\_\_\_

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101 QF	FEDERAL WITHHOLDING	Y	02	3				
	T201 QF	AZ STATE W/H TAX	N	01					
C	T311 QF	CT STATE W/H TAX EE	Y	01					
	QF								

Addl Exemptions			
Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage	25.00	

4. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt

5. Click **Tax Info 1** tab
6. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
7. **Amount:** Enter amount up to two-decimals from line 2.
  - **If the employee is claiming Tax Exempt, they cannot have an additional amount**
8. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Connecticut state tax elections.

## Delaware T313

**Website:** Delaware Division of Revenue <https://revenue.delaware.gov>

**Form:** W-4 Employee's Withholding Allowance Certificate



1 FIRST NAME AND MIDDLE INITIAL		LAST NAME	2 TAXPAYER ID		
HOME ADDRESS (Number and street or rural route)			3 MARITAL STATUS		
			<input type="checkbox"/> Single <input type="checkbox"/> Married		
CITY OR TOWN		STATE	ZIP CODE		
4 Total number of dependents you can claim on your return .....				4	
5 Additional amount, if any, you want withheld from each paycheck .....				5	\$

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

**Employee's signature**  
(This form is not valid unless signed) ▶ \_\_\_\_\_ **Date** ▶ \_\_\_\_\_

6 Employer's name and address ( <b>Employer:</b> Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)		7 First date of employment	8 Employer identification number (EIN)

## HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▼		Special Actions ▼		Change	Previous	Inquire	Next	Inquire ▼	
FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y	01			-	▼	
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼	
<b>C</b>	T313 QE	DE STATE W/H TAX EE	Y	<b>01</b>			-	▼	
▼	QE		▼	▼			-	▼	

1. **FC:** Type or select **C** for the **T313 DE STATE W/H TAX EE** deduction

2. **Res** flag displays **Y**
3. **Mar Stat**: Select the value related to the marital status indicated on the form

1 FIRST NAME AND MIDDLE INITIAL Employee		LAST NAME Name	2 TAXPAYER ID 000-12-3456
HOME ADDRESS (Number and street or rural route) 100 N Main Street			3 MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married
CITY OR TOWN Anytown		STATE DE	ZIP CODE 99999





- Select **01** for Single
- Select **02** for Married

Enter Allowances/Dependent and Additional Amount elections

4 Total number of dependents you can claim on your return .....	4	2
5 Additional amount, if any, you want withheld from each paycheck .....	5	\$ 25.00

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ |  Change |  Previous |  Inquire |  Next | Inquire ▾

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	01			▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			▼	▼
C	T313 QF	DE STATE W/H TAX EE	Y	01	2		▼	▼
▼	QF		▼	▼			▼	▼

Addl Exemptions **Tax info 1** Tax info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number**: Enter amount from line 4.
5. Click **Tax Info 1** tab
6. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
7. **Amount**: Enter amount up to two-decimals from line 5.
8. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Delaware state tax elections.

## Georgia T317

**Website:** Georgia Department of Revenue <https://dor.georgia.gov>

### Form: G-4 State of Georgia Employee's Withholding Allowance Certificate

#### STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8**

#### 3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[ ]

**4. DEPENDENT ALLOWANCES** [ ]

B. Married Filing Joint, both spouses working:  
Enter 0 or 1 .....

C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 .....

**5. ADDITIONAL ALLOWANCES** [ ]  
(worksheet below must be completed)

D. Married Filing Separate:  
Enter 0 or 1 .....

E. Head of Household:  
Enter 0 or 1 .....

**6. ADDITIONAL WITHHOLDING** \$ \_\_\_\_\_

#### WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself:  Age 65 or over  Blind

Spouse:  Age 65 or over  Blind      Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one):      Single/Head of Household      \$4,600  
Each Spouse      \$3,000      \$ \_\_\_\_\_

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income .....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D .....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C, D, or E) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here**

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is \_\_\_\_\_. My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3			
	T201	AZ STATE W/H TAX	N	01				
C	T317	GA STATE W/H TAX EE	Y					

1. **FC:** Type or select **C** for the **T317 GA STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

7. **LETTER USED** (Marital Status A, B, C, D, or E) **A** **TOTAL ALLOWANCES** (Total of Lines 3 - 5) **2**  
 (Employer: The letter indicates the tax tables in Employer's Tax Guide)

- Select **01** for Code **A**
- Select **04** for Code **B**
- Select **05** for Code **C**
- Select **03** for Code **D**
- Select **06** for Code **E**

Enter Allowances/Dependent and Additional Amount elections

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3			
	T201	AZ STATE W/H TAX	N	01				
C	T317	GA STATE W/H TAX EE	Y	01	2			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter allowances from line 7.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 6.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue.*

This completes the process for Georgia state tax elections.

## Hawaii T319

**Website:** State of Hawaii Department of Taxation <https://tax.hawaii.gov>


### Form: HW-4 Employee's Withholding Allowance and Status Certificate

----- Cut here and give the certificate to your employer. Keep the top portion and a copy of page 2 for your records.-----

**FORM HW-4**  
(REV. 2019)

**STATE OF HAWAII — DEPARTMENT OF TAXATION**

**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE**



**Section A (to be completed by the employee)**

<b>1</b> Type or print your full name _____ Home address (number and street or rural route) _____ City or town, state, and Postal/ZIP code _____	<b>2</b> Your social security number _____
<b>3</b> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)	
<b>4</b> Total number of allowances you are claiming (from line 1 of the worksheet on page 2). <i>(Note: Hawaii law does NOT allow "EXEMPT" status for withholding purposes.)</i> .....	<b>4</b> _____
<b>5</b> Additional amount, if any, you want deducted each pay period.....	<b>5</b> \$ _____

I declare, under the penalties set forth in section 231-36, HRS, that I have correctly indicated my marital status and that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) \_\_\_\_\_ (Signed) \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-		▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-		▼
<b>C</b> ▼	T319 QF	HI STATE W/H TAX EE	Y	<b>01</b>			-		▼
▼	QF						-		▼

1. **FC:** Type or select **C** for the **T319 HI STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

**Section A (to be completed by the employee)**

<b>1</b> Type or print your full name Employee Name Home address (number and street or rural route) 100 N Main Street City or town, state, and Postal/ZIP code Anytown, Hawaii 99999	<b>2</b> Your social security number _____
<b>3</b> Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)	

- Select **01** for Single
- Select **02** for Married
- Select **15** for Married, but withhold at the higher Single rate
- Certified Disabled Person or Nonresident Military Spouse:

- i. Select **01**
- ii. Select **Y** in **Tax Emp** field (Step 5)

Enter Allowances/Dependent and Additional Amount elections

4 Total number of allowances you are claiming (from line I of the worksheet on page 2). <b>(Note: Hawaii law does NOT allow "EXEMPT" status for withholding purposes.)</b> .....	4	2
5 Additional amount, if any, you want deducted each pay period.....	5	\$ 25.00

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3		-	
	T201	AZ STATE W/H TAX	N	01			-	
C	T319	HI STATE W/H TAX EE	Y	01	2		-	
							-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	Addtl Amt; Tax not > txbl wage

4. **Exempt Number:** Enter amount from line 4.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Hawaii state tax elections.

## Idaho T321

**Website:** Idaho State Tax Commission Department of Revenue <https://tax.idaho.gov>

### Form: ID-W-4 Employee's Withholding Allowance Certificate



## Form ID W-4 Employee's Withholding Allowance Certificate

#### WITHHOLDING STATUS (see information above)

**A**  (Single)    **B**  (Married)    **C**  (Married, but withhold at Single rate)

- Total number of Idaho allowances you're claiming .....
- Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) .....

		Your Social Security number (required) <input type="text"/>
Your first name and initial <input type="text"/>	Last name <input type="text"/>	
Current mailing address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

Your signature <input type="text"/>	Date <input type="text"/>
--	------------------------------

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▾   Special Actions ▾    Change    Previous    Inquire    Next   Inquire ▾									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3	<input type="text"/>	▼	▼	
▼	T201 QE	AZ STATE W/H TAX	N	01	<input type="text"/>	<input type="text"/>	▼	▼	
<b>C</b>	T321 QE	ID STATE W/H TAX EE	Y	<b>01</b>	<input type="text"/>	<input type="text"/>	▼	▼	
▼	QE		▼	▼	<input type="text"/>	<input type="text"/>	▼	▼	

- FC:** Type or select **C** for the **T321 ID STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form





## Form ID W-4 Employee's Withholding Allowance Certificate

### WITHHOLDING STATUS (see information above)

**A**  (Single)    **B**  (Married)    **C**  (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming ..... 2
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) ..... 25.00

- Select **01** for Single/Married, but withhold at Single rate
- Select **02** for Married
- Select **15** for Married, but withhold at Single rate

Enter Allowances/Dependent and Additional Amount elections

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | ✎ Change | ◀ Previous | 🔍 Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 Q <sup>E</sup>	FEDERAL WITHHOLDING	Y	02	3		▼	▼
▼	T201 Q <sup>E</sup>	AZ STATE W/H TAX	N	01			▼	▼
C	T321 Q <sup>E</sup>	ID STATE W/H TAX EE	Y	01	2		▼	▼
▼	Q <sup>E</sup>		▼	▼			▼	▼

Addl Exemptions Tax Info 1 Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage	25.00	


4. **Exempt Number:** Enter amount from line 2.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Idaho state tax elections.

## Illinois T323

**Website:** Illinois Department of Revenue <https://www2.illinois.gov/rev>

### Form: IL-W-4 Employee's and other Payee's Illinois Withholding Allowance Certificate



**Illinois Department of Revenue**  
**IL-W-4 Employee's Illinois Withholding Allowance Certificate**

Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

Printed by the authority of the State of Illinois - PO Number: 2200208 - 500 copies IL-W-4 (R-05/20)

**1** Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** \_\_\_\_\_

**2** Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** \_\_\_\_\_

**3** Enter the additional amount you want withheld (deducted) from each pay. **3** \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.


This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y ▼	02 ▼	2		- ▼		▼
▼	T201 QE	AZ STATE W/H TAX	N ▼	01 ▼			- ▼		▼
<b>C ▼</b>	T323 QE	IL STATE W/H TAX EE	Y ▼	<b>02 ▼</b>			- ▼		▼
▼	QE		▼	▼			- ▼		▼

1. **FC:** Type or select **C** for the **T323 IL STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

 **Illinois Department of Revenue**  
**IL-W-4 Employee's Illinois Withholding Allowance Certificate**

Social Security number \_\_\_\_\_

Employee Name \_\_\_\_\_

Name \_\_\_\_\_

100 N Main Street \_\_\_\_\_

Street address \_\_\_\_\_

Anytown \_\_\_\_\_ IL 99999

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** 2

2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** \_\_\_\_\_

3 Enter the additional amount you want withheld (deducted) from each pay. **3** 25.00

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**PR13.1 - Employee United States Taxes - PROD**

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 Q	FEDERAL WITHHOLDING	Y	02	2			
	T201 Q	AZ STATE W/H TAX	N	01				
C	T323 Q	IL STATE W/H TAX EE	Y	02	2			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

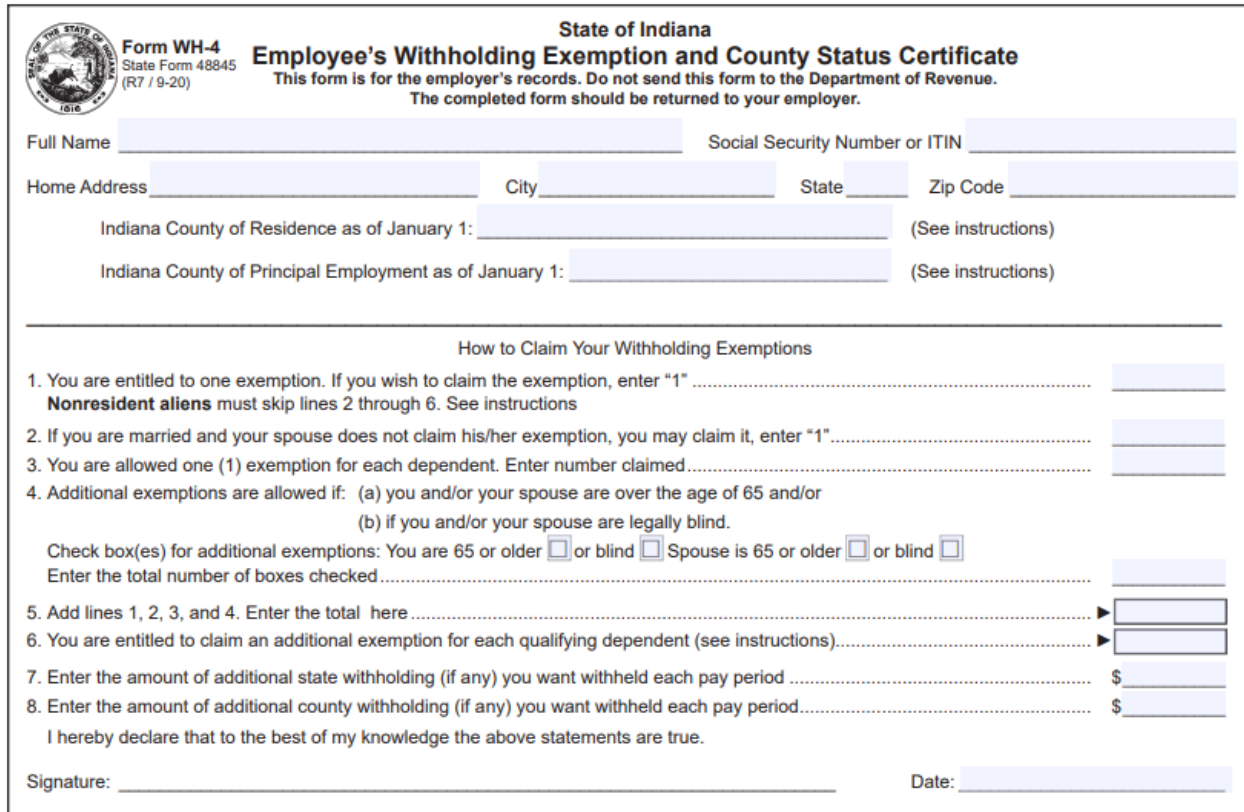
4. **Exempt Number:** Enter amount from line 1.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 3.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Illinois state tax elections.

## Indiana T325

**Website:** Indiana Department of Revenue <https://www.in.gov/dor>

### Form: WH-4 Employee's Withholding Exemption & County Status Certificate



**State of Indiana**  
**Form WH-4**  
 State Form 48845  
 (R7 / 9-20)  
**Employee's Withholding Exemption and County Status Certificate**  
 This form is for the employer's records. Do not send this form to the Department of Revenue.  
 The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)  
 Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

**How to Claim Your Withholding Exemptions**

- You are entitled to one exemption. If you wish to claim the exemption, enter "1" .....   
**Nonresident aliens** must skip lines 2 through 6. See instructions
- If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" .....
- You are allowed one (1) exemption for each dependent. Enter number claimed .....
- Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or  
 (b) if you and/or your spouse are legally blind.  
 Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind   
 Enter the total number of boxes checked .....
- Add lines 1, 2, 3, and 4. Enter the total here .....
- You are entitled to claim an additional exemption for each qualifying dependent (see instructions) .....
- Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$
- Enter the amount of additional county withholding (if any) you want withheld each pay period ..... \$

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Mar	Stat	Exempt	Exempt	Tax	Cert
			Number	Amount	Exm	Code			
	T101	Q	FEDERAL WITHHOLDING	Y	01			Y	
	T201	Q	AZ STATE W/H TAX	N	01			-	
C	T325	Q	IN STATE W/H TAX EE	Y	01			-	
C	T401	Q	IN MARION COUNTY TAX	6	01			-	

Steps will be repeated for county specific taxes

- FC:** Type or select **C** for the **T325 IN STATE W/H TAX EE** deduction and county specific deduction
- Res** flag:
  - T325 IN STATE W/H TAX EE** displays as **Y**
  - County Specific Tax select an option
    - Select **4** for **Indiana County Resident**
    - Select **5** for **Indiana County Non-Resident**

iii. Select 6 for **Indiana County Resident Work**


3. **Mar Stat:** Select the same Mar Stat as T101 Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

- 5. Add lines 1, 2, 3, and 4. Enter the total here .....
- 6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....
- 7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$ 25.00
- 8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$

I hereby declare that to the best of my knowledge the above statements are true.

**PR13.1 - Employee United States Taxes - PROD** +

Data View ▾ | Special Actions ▾ | Change | ◀ Previous |  Inquire | ▶ Next | Inquire ▾ | ...

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 Q <sup>E</sup>	FEDERAL WITHHOLDING	Y	01	<input type="text"/>	<input type="text"/>	Y	▼
▼	T201 Q <sup>E</sup>	AZ STATE W/H TAX	N	01	<input type="text"/>	<input type="text"/>	-	▼
C	T325 Q <sup>E</sup>	IN STATE W/H TAX EE	Y	01	2	<input type="text"/>	-	▼
C	T401 Q <sup>E</sup>	IN MARION COUNTY TAX	6	01	<input type="text"/>	<input type="text"/>	-	▼

Addl Exemptions Tax Info 1 Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02	<input type="text"/>	25.00	25.00

- 4. **Exempt Number:** Enter amount from line 5.
- 5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
- 6. Click **Tax Info 1** tab
- 7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
- 8. **Amount:** Enter amount up to two-decimals from line 7.
  - **If the employee is claiming Tax Exempt, they cannot have an additional amount**
- 9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Indiana state tax elections.

## Iowa T327

**Website:** Iowa Department of Revenue <https://tax.iowa.gov>

**Form:** IA W-4 Employee's Withholding Allowance Certificate



**2021 IA W-4**  
Employee Withholding Allowance Certificate  
tax.iowa.gov

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.

Marital Status: Single (or married but legally separated)  Married

Print your full name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here \_\_\_\_\_ and the year effective here \_\_\_\_\_.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018

If claiming the military spouse exemption, enter your state of domicile or residence here \_\_\_\_\_

### If you are not exempt, complete the following:

1. Personal allowances..... 1. \_\_\_\_\_
2. Allowances for dependents. You may claim 1 allowance for each dependent you claim on your Iowa income tax return. .... 2. \_\_\_\_\_
3. Allowances for itemized deductions. See instructions. .... 3. \_\_\_\_\_
4. 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. .... 4. \_\_\_\_\_
5. Allowances for child and dependent care credit. .... 5. \_\_\_\_\_
6. **Total allowances.** Add lines 1 through 5. .... 6. \_\_\_\_\_
7. Additional amount, if any, you want deducted each pay period. .... 7. \_\_\_\_\_

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3			
	T201	AZ STATE W/H TAX	N	01				
C	T327	IA STATE W/H TAX EE	Y	01				

1. **FC:** Type or select **C** for the **T327 IA STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Marital Status: Single (or married but legally separated)  Married

Print your full name: Employee Name Social Security Number: 123-45-6789

- Select **01** for Single (or married but legally separated or Married)
- Select **02** for Married

Enter Allowances/Dependent and Additional Amount elections

6. **Total allowances.** Add lines 1 through 5. .... 6. 2

7. **Additional amount,** if any, you want deducted each pay period. .... 7. 25

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3			
	T201	AZ STATE W/H TAX	N	01				
C	T327	IA STATE W/H TAX EE	Y	01	2			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	

4. **Exempt Number:** Enter amount from line 6.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 7.



- **If the employee is claiming Tax Exempt, they cannot have an additional amount**

9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Iowa state tax elections.

## Kansas T329

**Website:** Kansas Department of Revenue <https://www.ksrevenue.org>


**Form: K-4 Employee's Withholding Allowance Certificate**

### Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

<b>1</b> Print your First Name and Middle Initial	Last Name	<b>2</b> Social Security Number
Mailing address		<b>3</b> Allowance Rate Mark the allowance rate selected in Line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
<b>4</b> Total number of allowances you are claiming (from Line F above).....	<b>4</b>	
<b>5</b> Enter any additional amount you want withheld from each paycheck (this is optional).....	<b>5</b>	\$
<b>6</b> I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... <b>Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.</b>		<b>6</b>

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.

**SIGN HERE**  \_\_\_\_\_ Date \_\_\_\_\_

## HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		-		▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-		▼
<b>C</b> ▼	T329 QE	KS STATE W/H TAX EE	Y	<b>01</b> ▼			-		▼
▼	QE		▼	▼			-		▼

1. **FC:** Type or select **C** for the **T329 KS STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Mailing address 100 N Main Street  Anytown, KS 99999	<b>3</b> Allowance Rate Mark the allowance rate selected in Line A above. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint
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- Select **01** for Single
- Select **04** for Joint



Enter Allowances/Dependent and Additional Amount elections

4	Total number of allowances you are claiming (from Line F above).....	4	2
5	Enter any additional amount you want withheld from each paycheck (this is optional).....	5	\$ 25.00
6	I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... <b>Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.</b>	6	

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	Q# FEDERAL WITHHOLDING	Y	02		3			
	T201	Q# AZ STATE W/H TAX	N	01					
C	T329	Q# KS STATE W/H TAX EE	Y	01		2			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 4.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Kansas state tax elections.

## Kentucky T331

**Website:** Kentucky Department of Revenue <https://revenue.ky.gov/>

### Form: K-4 Employee's Withholding Exemption Certificate

Revenue Form K-4  
42A804 (11-13)

KENTUCKY DEPARTMENT OF REVENUE  
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. \_\_\_\_\_

Print Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Print Home Address \_\_\_\_\_

	HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS
<b>EMPLOYEE:</b>	1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" .....
Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.	2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate. (a) If you claim both of these exemptions, enter "2" (b) If you claim one of these exemptions, enter "1" (c) If you claim neither of these exemptions, enter "0" } .....
	3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents): (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "4"; if both will be 65 or older, and you claim both of these exemptions, enter "8" .....
	(b) If you or your spouse are blind, and you claim this exemption, enter "4"; if both are blind, and you claim both of these exemptions, enter "8" .....
<b>EMPLOYER:</b>	4. If you claim exemptions for one or more dependents, enter the number of such exemptions .....
Keep this certificate with your records.	5. National Guard exemption (see instruction 1) .....
	6. Exemptions for Excess Itemized Deductions (Form K-4A) .....
	7. Add the number of exemptions which you have claimed above and enter the total ..... <input style="width: 50px;" type="text"/>
	8. Additional withholding per pay period under agreement with employer. See instruction 1 .....\$ <input style="width: 50px;" type="text"/>

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_ Signed \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View		Special Actions		Change	Previous	Inquire	Next	Inquire	
FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y		02	2			
	T201	AZ STATE W/H TAX	N		01				
<b>C</b>	T331	KY STATE W/H TAX EE	Y						

- FC:** Type or select **C** for the **T331 KY STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

7. Add the number of exemptions which you have claimed above and enter the total .....

8. Additional withholding per pay period under agreement with employer. See instruction 1 .....\$

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ | **Change** | Previous | Inquire | Next | Inquire | ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	2		▼	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			▼	▼
C	T331 QE	KY STATE W/H TAX EE	Y	▼	2		▼	▼
▼	QE		▼	▼			▼	▼

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage			25.00

4. **Exempt Number:** Enter amount from line 7.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 8.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Kentucky state tax elections.

## Louisiana T333




**Website:** Louisiana Department of Revenue <http://revenue.louisiana.gov>

### Form: L-4 Employee's Withholding Allowance Certificate

Form <b>L-4</b> Louisiana Department of Revenue		<b>Employee's Withholding Allowance Certificate</b>	
1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A		6.	
7. Total number of dependents claimed in Block B		7.	
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.		8.	
I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.			
Employee's signature			Date

**The following is to be completed by employer.**

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▾   Special Actions ▾    Change    Previous    Inquire    Next   Inquire ▾									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-	▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-	▼	▼
<b>C</b>	T333 QF	LA STATE W/H TAX EE	Y	<b>01</b>			-	▼	▼
▼	QF		▼	▼			-	▼	▼

- FC:** Type or select **C** for the **T333 LA STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

1. Type or print first name and middle initial <b>Employee</b>	Last name <b>Name</b>
2. Social Security Number <b>123-45-6789</b>	3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married

- Select **01** for Single or No Exemptions or dependents claimed
- Select **02** for Married

### Enter Allowances/Dependent and Additional Amount elections

6. Total number of exemptions claimed in Block A	6. 1
7. Total number of dependents claimed in Block B	7. 1
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	8. \$25.00

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-	
	T201 QF	AZ STATE W/H TAX	N	01			-	
C	T333 QF	LA STATE W/H TAX EE	Y	01	2		-	

Add Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount of line 6 + line 7
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 8.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Louisiana state tax elections.

## Maine T335

**Website:** Maine Department of Revenue <https://www.maine.gov/revenue>

### Form: W-4ME Maine Employee's Withholding Allowance Certificate

<b>Form W-4ME</b>	<b>MAINE</b>	
<b>Employee's Withholding Allowance Certificate</b>		
1. Type or print your first name M.I. Last name		2. Your social security number
Home address (number and street or rural route)		3. <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate <small>Note: If married but legally separated, or spouse is a nonresident alien, check the single box.</small>
City or town State ZIP code		
4. Total number of allowances you are claiming from line E of the personal allowances worksheet below..... 4.		
5. Additional amount, if any, you want withheld from your paycheck..... 5.		\$
6. If you <b>do not want any</b> state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:		
a. You claimed "Exempt" on your federal Form W-4 .....		6a. <input type="checkbox"/>
b. You completed federal Form W-4P and checked the box on line 1 .....		6b. <input type="checkbox"/>
c. You are a resident employee with no Maine tax liability in prior and current years .....		6c. <input type="checkbox"/>
d. You are a recipient of periodic retirement payments with no tax liability in prior and current years.....		6d. <input type="checkbox"/>
e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions.....		6e. <input type="checkbox"/>
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.		
<b>EMPLOYEE'S/PAYEE'S SIGNATURE</b>		
(Form is not valid unless you sign it.) ▶		Date ▶

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▼	Special Actions ▼	Change	Previous	Inquire	Next	Inquire ▼			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101	OE	FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201	OE	AZ STATE W/H TAX	N	01			-	▼
C	T335	OE	ME STATE W/H TAX EE	Y	01			-	▼
▼		OE		▼	▼			-	▼

1. **FC:** Type or select **C** for the **T335 ME STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Home address (number and street or rural route)	3. <input checked="" type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate <small>Note: If married but legally separated, or spouse is a nonresident alien, check the single box.</small>
100 N Main Street	
City or town State ZIP code	
Anytown ME 99999	

- Select **01** for Single or Head of Household
- Select **02** for Married
- Select **15** for Married, but withholding at higher single rate

### Enter Allowances/Dependent and Additional Amount elections

4. Total number of allowances you are claiming from line E of the personal allowances worksheet below..... 4.	2
5. Additional amount, if any, you want withheld from your paycheck..... 5.	\$ 25

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-	
	T201 QF	AZ STATE W/H TAX	N	01			-	
C	T335 QF	ME STATE W/H TAX EE	Y	01	2		-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 4.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
    - i. If the employee fails to submit a new W-4ME Form for the next calendar year, the employer must begin withholding at the **single** rate with **no allowances**
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Maine state tax elections.

## Maryland T337

Website: Comptroller of Maryland <https://www.marylandtaxes.gov>

### Form: MW507 Employee's Maryland Withholding Exemption Certificate

**FORM MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	



- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1. \_\_\_\_\_
- Additional withholding per pay period under agreement with employer. . . . . 2. \_\_\_\_\_
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here . . . . . 3. \_\_\_\_\_
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia     Virginia     West Virginia
  - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4. \_\_\_\_\_
- I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5. \_\_\_\_\_
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6. \_\_\_\_\_
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7. \_\_\_\_\_
- I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . . 8. \_\_\_\_\_

**Under the penalty of perjury**, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ |  Change |  Previous |  Inquire |  Next | Inquire ▾ |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101	QE FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201	QE AZ STATE W/H TAX	N	01			-	▼
<b>C</b> ▼	T337	QE MD STATE W/H TAX EE	Y	<b>01</b>			-	▼
▼		QE	▼	▼			-	▼

- FC:** Type or select **C** for the **T337 MD STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

Street Address, City, State, ZIP 100 N Main Street, Anytown, MD 99999	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.) County
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

- Select **01** for Single
- Select **02** for Married (surviving spouse or unmarried Head of Household) Rate
- Select **15** for Married, but withhold at Single rate



### Enter Allowances/Dependent and Additional Amount elections

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. .... 1. 2
2. Additional withholding per pay period under agreement with employer. .... 2. 25

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		▼	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			▼	▼
C	T337 QE	MD STATE W/H TAX EE	Y	01	2		▼	▼
▼	QE		▼	▼			▼	▼

Addl Exemptions | Tax Info 1 | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage		25.00


4. **Exempt Number:** Enter amount from line 1.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Maryland state tax elections.

## Massachusetts T339

**Website:** Massachusetts Department of Revenue <https://www.mass.gov/orgs/massachusetts-department-of-revenue>

### Form: M-4 Massachusetts Employee's Withholding Exemption Certificate

FORM M-4
**MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**
Rev. 11/19 

Print full name ..... Social Security no. ....  
 Print home address..... City..... State..... Zip .....

---

**Employee:**  
File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**  
Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

- Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
- If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
- Write the number of your qualified dependents. See Instruction D.....
- Add the number of exemptions which you have claimed above and write the total.....
- Additional withholding per pay period under agreement with employer \$.....
 

A.  Check if you will file as head of household on your tax return.
B.  Check if you are blind.
C.  Check if spouse is blind and not subject to withholding.

D.  Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed .....

**THIS FORM MAY BE REPRODUCED**

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101	QE	FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201	QE	AZ STATE W/H TAX	N	01			-	▼
C	T339	QE	MA STATE W/H TAX EE	Y	▼			-	▼
▼		QE		▼	▼			-	▼

- FC:** Type or select **C** for the **T339 MA STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the same Mar Stat as T101 Federal Withholding
- Head of Household, Blind or Blind Spouse – elections. Contact [outsideazwork@azdoa.gov](mailto:outsideazwork@azdoa.gov) if box **5A**, **5B** or **5C** are checked
- Additional withholding per pay period under agreement with employer \$.....
 

A.  Check if you will file as head of household on your tax return.
B.  Check if you are blind.
C.  Check if spouse is blind and not subject to withholding.

Enter Allowances/Dependent and Additional Amount elections

- Add the number of exemptions which you have claimed above and write the total..... 2
- Additional withholding per pay period under agreement with employer \$ 25.00

**PR13.1 - Employee United States Taxes - PROD**

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 QE	FEDERAL WITHHOLDING	Y	02	3		-	
	T201 QE	AZ STATE W/H TAX	N	01			-	
C	T339 QE	MA STATE W/H TAX EE	Y		2		-	
	QE						-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

5. **Exempt Number:** Enter amount from line 4.
6. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if Box **5D** is checked
7. Click **Tax Info 1** tab
8. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
9. **Amount:** Enter amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
10. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Massachusetts state tax elections.

## Michigan T341

**Website:** State of Michigan Department of Treasury <https://www.michigan.gov/taxes>

**Form:** MI-W4 Employee's Michigan Withholding Exemption Certificate

**Reset Form**

### MI-W4

(Rev. 12-20)

#### EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

*This certificate is for Michigan income tax withholding purposes only. Read instructions on page 2 before completing this form.*

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number	▶ 2. Date of Birth
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire..... (mm/dd/yyyy) <input type="checkbox"/> No	
City or Town	State	ZIP Code		
6. Enter the number of personal and dependent exemptions (see instructions) .....			▶ 6.	
7. Additional amount you want deducted from each pay (if employer agrees) .....			7. \$ ..... .00	
8. I claim exemption from withholding because (see instructions):				
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.				
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____				
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____				
<b>EMPLOYEE:</b> If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.				
<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i>				
9. Employee's Signature				▶ Date

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▼	Special Actions ▼	Change	Previous	Inquire	Next	Inquire ▼			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		▼	▼	
▼	T201 QF	AZ STATE W/H TAX	N	01			▼	▼	
<b>C</b> ▼	T341 QF	MI STATE W/H TAX EE	Y	<b>02</b> ▼			▼	▼	
▼	QF		▼	▼			▼	▼	

1. **FC:** Type or select **C** for the **T341 MI STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

6. Enter the number of personal and dependent exemptions (see instructions) .....	▶ 6.	2
7. Additional amount you want deducted from each pay (if employer agrees) .....	7.	\$ 25 .00

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | **Change** | ◀ Previous | 🔍 Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101	CF	FEDERAL WITHHOLDING	Y	02	3		▼
▼	T201	CF	AZ STATE W/H TAX	N	01			▼
C	T341	CF	MI STATE W/H TAX EE	N		2		▼
▼		CF		▼	▼			▼

Addl Exemptions **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b>   Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 6.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 7.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Michigan state tax elections.

## Minnesota T343

**Website:** Minnesota Department of Revenue <https://www.revenue.state.mn.us>

### Form: W-4MN Minnesota Employee Withholding Allowance/Exemption Certificate

**Default:** If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. Otherwise, withhold Minnesota tax as if the employee is single with zero withholding allowances.



## 2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

### Employees

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

Employee's First Name and Initial	Last Name	Employee's Social Security Number
Permanent Address		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City	State ZIP Code	

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

**Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent ..... A \_\_\_\_\_
- B Enter "1" if any of the following apply: ..... B \_\_\_\_\_
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) ..... C \_\_\_\_\_
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D \_\_\_\_\_
- E Enter "1" if you will use the filing status Head of Household (see instructions). ..... E \_\_\_\_\_
- F Total number of allowances claimed. Add steps A through E.  
 If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... F \_\_\_\_\_

**Section 2 — Exemption From Minnesota Withholding**

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
  - I had no Minnesota income tax liability last year
  - I received a refund of all Minnesota income tax withheld
  - I expect to have no Minnesota income tax liability this year
- C All of these apply:
  - My spouse is a military service member assigned to a military location in Minnesota
  - My domicile (legal residence) is in another state
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
- D I am an American Indian that resides and works on a reservation
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

**Minnesota Allowances and Additional Withholding**


- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet .. 1 \_\_\_\_\_
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) ..... 2 \_\_\_\_\_

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature	Date	Daytime Phone Number
----------------------	------	----------------------

**Employees:** Give the completed form to your employer.

HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions    Change    Previous    Inquire    Next   Inquire   									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101 QF	FEDERAL WITHHOLDING	Y	02	2				
	T201 QF	AZ STATE W/H TAX	N	01					
<b>C</b>	T343 QF	MN STATE W/H TAX EE	Y	<b>01</b>					
	QF								

1. **FC:** Type or select **C** for the **T343 MN STATE W/H TAX** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Employee's First Name and Initial Employee		Last Name Name		Employee's Social Security Number 000-12-3456	
Permanent Address 100 N. Main Street				<b>Marital Status (Check one):</b>	
City Anytown		State MN	ZIP Code 99999	<input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	






- Select **01** for Single; Married, but legally separated; or Spouse is a nonresident alien
- Select **02** for Married
- Select **15** for Married, but withhold at higher Single rate

Enter Allowances/Dependent and Additional Amount elections

Minnesota Allowances and Additional Withholding

- 1 **Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . 1
- 2 **Additional Minnesota withholding** you want deducted each pay period (*see instructions*) . . . . . 2

*I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.*

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions    Change    Previous    Inquire    Next   Inquire   									
FC	Ded	Description	Res	Mar Stat	Number	Amount	Exm	Code	
	T101 QF	FEDERAL WITHHOLDING	Y	01	3				
	T201 QF	AZ STATE W/H TAX	N	01					
<b>C</b>	T343 QF	MN STATE W/H TAX EE	Y	01	<b>2</b>				<b>-</b>
	QF								

Addl Exemptions	<b>Tax Info 1</b>	Tax Info 2	Effective Dates
Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txb1 wage		<input type="text" value="25.00"/>	25.00

4. **Exempt Number:** Enter allowances from line 1.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
    - i. Must complete a new W-4MN Form by **February 15** of each year
6. Click **Tax Info 1** tab

7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

**Copies of Forms W-4MN must be sent to the Minnesota Department of Revenue if any of the following apply:**

1. Employee claims more than 10 Minnesota withholding allowances
2. Employee claims to be exempt from Minnesota withholding and the employer reasonably expects the wages to exceed \$200 per week. Do not send Forms W-4MN from Michigan and North Dakota residents who provided a Form MWR.
3. Employer believes employee is not entitled to the number of allowances claimed

Send Forms W-4MN to the address on the form.

**Lock-In Letters**

If the employee has an IRS Lock-in Letter, the agency must provide the Minnesota Department of Revenue with a copy of the employee's Form W-4MN. Minnesota DOR will verify the number of allowances that the employee may claim for Minnesota purposes. Continue using the Form W-4MN until Minnesota DOR sends notification to change the amount of allowances on the employee's Form W-4MN. If the employee has not completed a Form W-4MN, have the employee complete the form and use the allowances calculated on that form until notified by the department.

This completes the process for Minnesota state tax elections.




# Mississippi T345

Website: Mississippi Department of Revenue <https://www.dor.ms.gov>

## Form: 89-350-19-3-1-000 Mississippi Employee's Withholding Exemption Certificate

Form 89-350-19-3-1-000 (Rev. 09/19)

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE			
	Employee's Name _____		SSN _____
	Employee's Residence _____		
	Number and Street _____	City or Town _____	State _____ Zip Code _____
CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION			
	Marital Status	Personal Exemption Allowed	Amount Claimed
<b>EMPLOYEE:</b> File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption . . . . ▶	\$ _____
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶	\$ _____
		(b) <input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶	\$ _____
3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below . . . . . ▶	\$ _____	
<b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$ _____
	5. Age and blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . ▶ * Note: No exemption allowed for age or blindness for dependents.	\$ _____
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$ _____
	7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶		\$ _____
<b>Military Spouses Residency Relief Act Exemption from Mississippi Withholding</b>	8. If you meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶		_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	3		-	
	T201	AZ STATE W/H TAX	N	01			-	
<b>C</b>	T345	MS STATE W/H TAX EE	Y				-	
							-	

1. FC: Type or select C for the T345 MS STATE W/H TAX deduction

2. **Res** flag displays **Y**
3. **Mar Stat**: Select the same Mar Stat as **T101** Federal Withholding Leave blank

Enter Allowances/Dependent and Additional Amount elections

6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶	\$ 7,500
7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶	\$ 25.00

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | **Change** | ◀ Previous | 🔍 Inquire | ▶ Next | Inquire | ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101	QE FEDERAL WITHHOLDING	Y	02	3			▼
▼	T201	QE AZ STATE W/H TAX	N	01				▼
C	T345	QE MS STATE W/H TAX EE	Y			7500		▼
▼		QE						▼

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	Addtl Amt; Tax not > txbl wage

4. **Exempt Amount**: Enter amount from line 6.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount**: Enter amount up to two-decimals from line 7.
  - **If the employee is claiming Tax Exempt, they cannot have an additional amount**
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Mississippi state tax elections.

## Missouri T347

**Website:** Missouri Department of Revenue <https://dor.mo.gov>

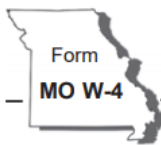
### Form: MO W-4 Employee's Withholding Certificate

*Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:*

1. **Email:** withholding@dor.mo.gov
2. **Fax:** (573) 526-8079
3. **Mail to:** Missouri Department of Revenue

P.O. BOX 3340

Jefferson City, MO 65105-3340



MISSOURI DEPARTMENT OF  
**REVENUE**  
Employee's Withholding Certificate

**Reset Form**

**Print Form**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name		Social Security Number		
Home Address (Number and Street or Rural Route)		City or Town	State	
		ZIP Code		
Employee	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household			
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2. ....			2
	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used. ....			3
	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. ....  <input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.  <input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.  <input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.			4
Signature	Under penalties of perjury, I certify that the information provided on this form is true and accurate.			
	Employee's Signature (Form is not valid unless you sign it)			Date (MM/DD/YYYY) ____/____/____

HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101 QE	FEDERAL WITHHOLDING	Y	02	3				
	T201 QE	AZ STATE W/H TAX	N	01					
C	T347 QE	MO STATE W/H TAX EE	Y	01					
	QE								

1. **FC:** Type or select **C** for the **T347 MO STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

1. Filing Status: Check the appropriate filing status below.

Single or Married Spouse Works or Married Filing Separate     Married (Spouse does not work)

Head of Household

- Select **01** for Single or Married Spouse Works or Married Filing Separate
- Select **05** for Married (Spouse does not work)
- Select **06** for Head of Household

Enter Additional withholding

2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....

2 | 25.00

PR13.1 - Employee United States Taxes - PROD									
Data View   Special Actions   Change   Previous   Inquire   Next   Inquire									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101 QE	FEDERAL WITHHOLDING	Y	02	3				
	T201 QE	AZ STATE W/H TAX	N	01					
C	T347 QE	MO STATE W/H TAX EE	Y	01					
	QE								

Addl Exemptions			
Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage	25.00	

4. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
5. Click **Tax Info 1** tab
6. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
7. **Amount:** Enter amount up to two-decimals from line 2.
8. Click **Change**, status bar displays message *Change Complete - Continue*

### Enter **Reduced withholding** election

3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....

3		150.00
---	--	--------

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | Previous ◀ | Inquire 🔍 | Next ▶ | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		▼	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			▼	▼
C	T347 QE	MO STATE W/H TAX EE	Y	01			Y	▼
▼	QE		▼	▼			▼	▼

Addl Exemptions Tax Info 1 Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage	150.00	


1. **FC:** Select **C**
2. **Tax Emp** flag: Select **Y**
3. Click **Tax Info 1** tab
4. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
5. **Amount:** Enter amount up to two-decimals from line 3.
6. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Missouri state tax elections.

## Montana T349

**Website:** Montana Department of Revenue <https://mtrevenue.gov>

**Form:** MW-4 Montana Employee's Withholding Allowance and Exemption Certificate

	<b>Montana Employee's Withholding Allowance and Exemption Certificate</b>	MONTANA MW-4
Employee's first name and middle initial	Last name	Social Security Number
Current mailing address		City, state and ZIP code
Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature _____		Date _____
(This form is not valid unless you sign it.)		

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See "Employee Instructions" on back of this form before beginning.

### Section 1: Montana Allowances

- A. Enter "1" for **yourself** A.
- B. Enter "1" if you have only one job B.
- C. Enter "1" for your **spouse** if you expect to file as **married filing jointly** on your Montana tax return. But, you may choose to enter "-0-" if you have a working spouse. (Entering "-0-" may help you avoid having too little tax withheld.) C.
- D. Enter the number of **dependents** (other than your spouse or yourself) you will claim on your Montana tax return D.
- E. Enter "1" if you will file as **head of household** on your Montana tax return E.
- F. Enter "1" if you expect to report large itemized deductions (medical, child and dependent care, etc.) (Caution: An additional allowance could result in tax due when you file your return.) F.
- G. Add lines A through F and enter the total here. **This is your total number of allowances.** (Note: This number may be different from the number of exemptions you claim on your Montana tax return.) G.
- H. Additional amount, if any, you want withheld from each paycheck or pension and annuity payment. H. \$



### Section 2: Exemption from Montana Withholding for Tax Year

You may be entitled to claim an exemption from Montana income tax withholding. If applicable, mark one box below to indicate the reason why you believe you are exempt. See instructions for Section 2 on back of this form for more information.

- a. I am an enrolled member of a registered tribe, I live on the reservation of that tribe, AND I claim exemption from withholding on the wages derived from work performed on the reservation where I live. (*You must also complete Section 1.*)
- b. I am a member of the Reserve or National Guard, and I claim to be exempt from withholding on my compensation determined under USC Title 10. (*You must also complete Section 1.*)
- c. I am a resident of North Dakota, and claim exemption from withholding on my wages.
- d. I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana, and I claim exemption from withholding on my wages.

HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions |  Change | Previous |  Inquire | Next | Inquire |



FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 Q <sup>E</sup>	FEDERAL WITHHOLDING	Y	02	3		-	
	T201 Q <sup>E</sup>	AZ STATE W/H TAX	N	01			-	
C	T349 Q <sup>E</sup>	MT STATE W/H TAX EE	Y				-	
	Q <sup>E</sup>						-	

1. **FC:** Type or select **C** for the **T349 MT STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

- G. Add lines A through F and enter the total here. **This is your total number of allowances.**  
 (Note: This number may be different from the number of exemptions you claim on your Montana tax return.) G.
- H. Additional amount, if any, you want withheld from each paycheck or pension and annuity payment. H. \$

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions |  Change | Previous |  Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 Q <sup>E</sup>	FEDERAL WITHHOLDING	Y	02	3		-	
	T201 Q <sup>E</sup>	AZ STATE W/H TAX	N	01			-	
C	T349 Q <sup>E</sup>	MT STATE W/H TAX EE	Y		2		-	
	Q <sup>E</sup>						-	

Add Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line G.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line H.
  - **If the employee is claiming Tax Exempt, they cannot have an additional amount**
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Montana state tax elections.




## Nebraska T351

**Website:** Nebraska Department of Revenue <https://revenue.nebraska.gov>

### Form: W-4N Employee's Nebraska Withholding Allowance Certificate

RESET
PRINT



**Employee's Nebraska Withholding Allowance Certificate**

• Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Nebraska Department of Revenue (DOR). Your employer may be required to send a copy of this form to DOR.

**FORM W-4N**

Your First Name and Initial		Last Name		Your Social Security Number	
Current Mailing Address (Number and Street or PO Box)				<input type="checkbox"/> Single <input type="checkbox"/> Married <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Individuals filing income tax returns with a "Head of Household" status check the "Single" box.</small>	
City	State	Zip Code			

1 Total number of allowances you are claiming (from line 4g on the worksheet below) . . . . .	1	
2 Additional amount, if any, you want withheld from each paycheck for Nebraska income tax withheld . . . . .	2	
3 I claim exemption from withholding and I can provide satisfactory evidence to my employer that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all Nebraska income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all Nebraska income tax withheld because I expect to have no tax liability.</li> </ul> If you can provide evidence that you can meet both conditions, write "Exempt" here . . . . .	3	

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is correct and complete.

**sign here** →

Employee's Signature

Date

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 Q#	FEDERAL WITHHOLDING	Y	02	3		-	▼	
▼	T201 Q#	AZ STATE W/H TAX	N	01			-	▼	
<b>C</b> ▼	T351 Q#	NE STATE W/H TAX EE	Y	<b>01</b>			-	▼	
▼	Q#						-	▼	

1. **FC:** Type or select **C** for the **T351 NE STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Current Mailing Address (Number and Street or PO Box) 100 N Main Street			<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Individuals filing income tax returns with a "Head of Household" status check the "Single" box.</small>		
City Anytown	State NE	Zip Code 99999			

- Select **01** for Single
- Select **02** for Married



Enter Allowances/Dependent and Additional Amount elections

1 Total number of allowances you are claiming (from line 4g on the worksheet below) . . . . .	1	2
2 Additional amount, if any, you want withheld from each paycheck for Nebraska income tax withheld . . . . .	2	25.00
3 I claim exemption from withholding and I can provide satisfactory evidence to my employer that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all Nebraska income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all Nebraska income tax withheld because I expect to have no tax liability.</li> </ul> If you can provide evidence that you can meet both conditions, write "Exempt" here . . . . .	3	

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101 QF	FEDERAL WITHHOLDING	Y	02		3		-	
	T201 QF	AZ STATE W/H TAX	N	01				-	
C	T351 QF	NE STATE W/H TAX EE	Y	01		2		-	
	QF							-	

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 1.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Nebraska state tax elections.

## New Jersey T357

**Website:** New Jersey Division of Taxation <https://www.state.nj.us/treasury/taxation>

### Form: NJ-W4 Employee's Withholding Allowance Certificate

Form **NJ-W4**  
(1-21)

**State of New Jersey – Division of Taxation  
Employee's Withholding Allowance Certificate**

1. SS#			2. Filing Status: (Check only one box)		
Name			1. <input type="checkbox"/> Single		
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City	State	Zip	3. <input type="checkbox"/> Married/Civil Union Partner Separate		
			4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....					3.
4. Total number of allowances you are claiming (see instructions).....					4.
5. Additional amount you want deducted from each pay .....					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature			Date		
Employer's Name and Address			Employer Identification Number		

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | Change | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	06				
	T201	AZ STATE W/H TAX	N	02				
<b>C</b>	T357	NJ STATE W/H TAX EE	Y	<b>01</b>				

- FC:** Type or select **C** for the **T357 NJ STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

Form **NJ-W4**  
(1-21)

**State of New Jersey – Division of Taxation  
Employee's Withholding Allowance Certificate**

1. SS# 000-12-3456			2. Filing Status: (Check only one box)		
Name Employee Name			1. <input checked="" type="checkbox"/> Single		
Address 100 N. Main Street			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City Anytown	State NJ	Zip 99999	3. <input type="checkbox"/> Married/Civil Union Partner Separate		
			4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		

- Select **01** for Single
- Select **04** for Married/Civil Union Couple Joint
- Select **03** for Married/Civil Union Partner Separate
- Select **06** for Head of Household

- Select **08** for Qualifying Widow(er)/Surviving Civil Union Partner

Enter Allowances/Dependent and Additional Amount elections

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....	3.
4. Total number of allowances you are claiming (see instructions).....	4. <input type="text" value="2"/>
5. Additional amount you want deducted from each pay .....	5. \$ <input type="text" value="25.00"/>
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....	6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.	

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire |

FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	06					
	T201	AZ STATE W/H TAX	N	02					
C	T357	NJ STATE W/H TAX EE	Y	01		<input type="text" value="2"/>			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
<input type="text" value="02"/> Addtl Amt; Tax not > txbl wage		<input type="text" value="25.00"/>	

4. **Exempt Number:** Enter amount from line 4.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
    - i. Exemption is valid for ONE year only. Employee must complete and submit a form each year certifying no New Jersey Gross Income Tax liability and claim exemption from withholding.
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 5.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

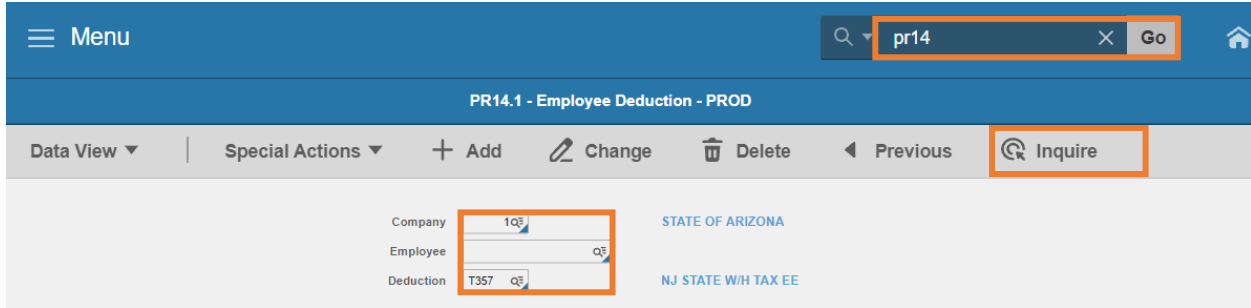
Rate Schedule overrides (Line 3)

Taxes are withheld at New Jersey Rate B, unless a rate is entered on Line 3 for the following statuses:

- Box 2 Married/Civil Union Couple Joint
- Box 4 Head of Household
- Box 5 Qualifying Widow(er) Surviving Civil Union Partner

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....	3.
4. Total number of allowances you are claiming (see instructions).....	4. 2
5. Additional amount you want deducted from each pay .....	5. \$ 25.00
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....	6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.	

If **Line 3** is blank, no action is required. If a value is populated, enter a value on **PR14.1**



PR14.1 - Employee Deduction - PROD




Company: 1 STATE OF ARIZONA

Employee: Employee Identification Number

Deduction: T357 NJ STATE W/H TAX EE

1. Type **PR14.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction Code:** Type or select **T357** Deduction Code
5. Click **Inquire**

**PR14.1 - Employee Deduction - PROD**

Data View ▾ | Special Actions ▾ | + Add **Change**  Delete  Previous ◀ Inquire 

Company  STATE OF ARIZONA

Employee

Deduction  NJ STATE W/H TAX EE

Amount or Percent  USD

Addl or Minimum Amt, Pct  Exclude Amount


Balance Type


Balance Amount

Priority

Arrears  Net To Zero - Create Arrears

Deduction Cycles

Begin Date  

End Date  

Monthly Limit

Payment Limit

BSI Formula

Calculation Type  Tax

Payment Description

Country Code  United States of America

6. **BSI Formula:** Enter value based on employee's rate election on Line 3

LINE 3 VALUE	PR14.1 BSI FORMULA
A	2
B	6
C	3
D	4
E	5

7. Click **Change**, Status bar displays message *Change Complete - Continue*

- PR13.1 now displays the **Formula** on **Tax Info 1** tab for **T357** deduction code

This completes the process for New Jersey state tax elections.

## New York T361

**Website:** New York Department of Taxation and Finance <https://www.tax.ny.gov>

### Form: IT-2104 Employee's Withholding Allowance Certificate

To claim exemption from income tax withholding, employee must file **Form IT-2104-E, Certificate of Exemption from Withholding**



Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

# IT-2104

New York State • New York City • Yonkers

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withheld at higher single rate <input type="checkbox"/>
<p>Note: If married but legally separated, mark an X in the Single or Head of household box.</p>					
<p>Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Complete the worksheet on page 4 before making any entries.</b></p> <p>1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) ..... <b>1</b> <input type="text"/></p> <p>2 Total number of allowances for New York City (from line 31) ..... <b>2</b> <input type="text"/></p> <p><b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b></p> <p>3 New York State amount ..... <b>3</b> <input type="text"/></p> <p>4 New York City amount ..... <b>4</b> <input type="text"/></p> <p>5 Yonkers amount ..... <b>5</b> <input type="text"/></p>					

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A

B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):



Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
--	--------------------------------

HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions |  Change | Previous |  Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
	T101 QF	FEDERAL WITHHOLDING	Y	02	3			
	T201 QF	AZ STATE W/H TAX	N	01				
<b>C</b>	T361 QF	NY STATE W/H TAX EE	Y	<b>01</b>				
	QF							

1. **FC:** Type or select **C** for the **T361 NY STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

First name and middle initial Employee	Last name Name	Your Social Security number 000-12-3456
Permanent home address (number and street or rural route) 100 N. Main Street		Apartment number
City, village, or post office New York City	State NY	ZIP code 99999

Single or Head of household  Married   
 Married, but withhold at higher single rate   
**Note:** If married but legally separated, mark an **X** in the *Single or Head of household* box.

- Select **01** for Single or Head of household
- Select **02** for Married
- Select **15** for Married, but withhold at higher single rate

Enter Allowances/Dependent and Additional Amount elections

Are you a resident of New York City? ..... Yes  No   
 Are you a resident of Yonkers? ..... Yes  No

**Complete the worksheet on page 4 before making any entries.**

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) ..... **1** **2**

2 Total number of allowances for New York City (from line 31) ..... **2** **2**



**Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.**

3 New York State amount ..... **3** **25.00**

4 New York City amount ..... **4**

5 Yonkers amount ..... **5**

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions |  Change | Previous |  Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
	T101 QF	FEDERAL WITHHOLDING	Y	02	3			
	T201 QF	AZ STATE W/H TAX	N	01				
<b>C</b>	T361 QF	NY STATE W/H TAX EE	Y	01	<b>2</b>		<b>25.00</b>	
	QF							

Add'l Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txbl wage		<b>25.00</b>	

4. **Exempt Number:** Enter amount from line 1.
  - Agency is required to submit a copy of an employee's Form IT-2104 to the Tax Department if the employee claimed more than 14 allowances

- Mark an **X** in box A and send a copy of Form IT-2104 to:
  - NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865
- Due dates for sending certificates received from employees claiming more than 14 allowances

Quarter	Due Date
January – March	April 30
April – June	July 31
July – September	October 31
October – December	January 31

5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount**: Enter amount up to two-decimals from line 3.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*
10. Repeat steps if New York City or Yonkers elections are made. Use New York City or Yonkers deduction codes.

This completes the process for New York state tax elections.



## North Carolina T363

**Website:** North Carolina Department of Revenue <https://www.ncdor.gov>

### Form: NC-4 Employee's Withholding Allowance Certificate

**Default Rate:** Single with zero allowances



## NC-4 Employee's Withholding Allowance Certificate

- Total number of allowances you are claiming**  
(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet) \_\_\_\_\_
- Additional amount, if any, withheld from each pay period** (Enter whole dollars) \_\_\_\_\_ .00

Social Security Number		<b>Filing Status</b> <input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		M.I.	Last Name	
Address				County (Enter first five letters)
City	State	Zip Code (5 Digit)	Country (If not U.S.)	

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire | ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼
<b>C</b> ▼	T363 QE	NC STATE W/H TAX EE	Y	<b>01</b> ▼			-	▼
▼	QE		▼	▼			-	▼

- FC:** Type or select **C** for the **T363 NC STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

**Filing Status**

Single or Married Filing Separately  
 Head of Household  
 Married Filing Jointly or Surviving Spouse

- Select **01** for Single or Married Filing Separately
- Select **06** for Head of Household
- Select **04** for Married Filing Jointly or Surviving Spouse

### Enter Allowances/Dependent and Additional Amount elections

10-17

1. **Total number of allowances you are claiming**  
 (Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)
2. **Additional amount, if any, withheld from each pay period** (Enter whole dollars)

2

25.00

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ | **Change** | Previous | Inquire | Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			▼	▼
C	T363 QF	NC STATE W/H TAX EE	Y	01	<b>2</b>		<b>▼</b>	▼
▼	QF		▼	▼			▼	▼

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txbl wage		<b>25.00</b>	


4. **Exempt Number:** Enter amount from line 1.
5. **Tax Emp flag:** Select **No**
  - North Carolina does not have the option to select exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for North Carolina state tax elections.

# Ohio T367

Website: Ohio Department of Taxation <https://tax.ohio.gov>

## Form: IT-4 Employee's Withholding Exemption Certificate



**Employee's Withholding Exemption Certificate**

IT 4  
Rev. 5/07

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_
3. Exemptions for dependents \_\_\_\_\_
4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_
5. Additional withholding per pay period under agreement with employer ..... \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		-	▼	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼	▼
<b>C</b> ▼	T367 QE	OH STATE W/H TAX EE	Y				-	▼	▼
▼	QE						-	▼	▼

1. **FC:** Type or select **C** for the **T367 OH STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the same Mar Stat as T101 Federal Withholding

4. Add the exemptions that you have claimed above and enter total ..... 2

5. Additional withholding per pay period under agreement with employer ..... \$ 25.00

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	3		-	▼	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼	▼
<b>C</b> ▼	T367 QE	OH STATE W/H TAX EE	Y		<b>2</b>		-	<b>▼</b>	▼
▼	QE						-	▼	▼

Add'l Exemptions			
Tax Code	Rate	Amount	Formula
<b>02</b> ▼ Addtl Amt; Tax not > txb1 wage		<b>25.00</b>	

4. **Exempt Number:** Enter amount from line 4.
  5. **Tax Emp** flag: Select **No**
    - Change flag to **Y** only if employee is claiming exempt
  6. Click **Tax Info 1** tab
  7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
  8. **Amount:** Enter amount up to two-decimals from line 5.
    - ***If the employee is claiming Tax Exempt, they cannot have an additional amount***
  9. Click **Change**, status bar displays message *Change Complete - Continue*
- This completes the process for Ohio state tax elections.

## Oklahoma T369

Website: Oklahoma Tax Commission <https://oklahoma.gov/tax.html>

### Form: OK-W-4 Employee's State Withholding Allowance Certificate

Form OK-W-4  
Revised 3-2021

**Oklahoma Tax Commission**  
**Employee's State Withholding Allowance Certificate**

This certificate is for income tax withholding purposes only. Type or print.

**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself .....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4 .....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim .....	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below .....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View	Special Actions	Change	Previous	Inquire	Next	Inquire			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 Q#	FEDERAL WITHHOLDING	Y	02	3		-	▼	▼
▼	T201 Q#	AZ STATE W/H TAX	N	01			-	▼	▼
<b>C</b>	T369 Q#	OK STATE W/H TAX EE	Y	01			-	▼	▼
▼	Q#		▼	▼			-	▼	▼

1. **FC:** Type or select **C** for the **T369 OK STATE W/H TAX EE** deduction

2. **Res** flag displays **Y**
3. **Mar Stat**: Select the value related to the marital status indicated on the form

<b>Home Address (Number and Street or Rural Route)</b> 100 Main Street	<b>Filing Status</b> <input checked="" type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Married, but withhold at higher Single rate</b>
---	---

- Select **01** for Single
- Select **02** for Married
- Select **15** for Married, but withhold at higher Single rate

Enter Allowances/Dependent and Additional Amount elections

5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	2
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$ 25.00

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	3		-	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-	▼
C	T369 QF	OK STATE W/H TAX EE	Y	01	2		-	▼
▼	QF		▼	▼			-	▼

Addl Exemptions | Tax Info 1 | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage		25.00

4. **Exempt Number**: Enter amount from line 5.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code**: Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount**: Enter amount up to two-decimals from line 6.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Oklahoma state tax elections.

## Oregon T371

Website: Oregon Department of Revenue <https://www.oregon.gov/DOR>

### Form: OR-W-4 Oregon Employee's Withholding Statement and Exemption Certificate

#### 2021 Form OR-W-4

Page 1 of 1, 150-101-402  
(Rev. 08-14-20, ver. 01)

Oregon Department of Revenue



19612101010000

Office use only

#### Oregon Employee's Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination	
Address			City	State	ZIP code

**Note:** Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- Select one:**  Single  Married  Married, but withholding at the higher single rate.  
**Note:** Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.
- Allowances.** Total number of allowances you're claiming on line **A4**, **B15**, or **C5**. If you meet a qualification to skip the worksheets and you aren't exempt, **enter 0** .....2.
- Additional amount**, if any, you want withheld from each paycheck..... 3.
- Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
  - Enter the corresponding exemption code. (See instructions)..... 4a.
  - Write "Exempt"..... 4b.

**Sign here.** Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.)	Date
---	------

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code	
	T101	FEDERAL WITHHOLDING	Y	02	1				
	T201	AZ STATE W/H TAX	N	02					
<b>C</b>	T371	OR STATE W/H TAX EE	Y	<b>01</b>					

- FC:** Type or select **C** for the **T371 OR STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

- Select one:**  Single  Married  Married, but withholding at the higher single rate.  
**Note:** Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.
  - Select **01** for Single
  - Select **02** for Married

- Select **15** for Married, but withholding at the higher single rate

Enter Allowances/Dependent and Additional Amount elections

2. **Allowances.** Total number of allowances you're claiming on line **A4**, **B15**, or **C5**. If you meet a qualification to skip the worksheets and you aren't exempt, enter **0** .....2.
3. **Additional amount**, if any, you want withheld from each paycheck..... 3.

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Number	Amount	Exm	Code
	T101	FEDERAL WITHHOLDING	Y	02	1			
	T201	AZ STATE W/H TAX	N	02				
C	T371	OR STATE W/H TAX EE	Y	01	2			

Addl Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02			25.00

4. **Exempt Number:** Enter amount from line 2.
5. **Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 3.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Oregon state tax elections.

## Pennsylvania T373

**Website:** Pennsylvania Department of Revenue <https://www.revenue.pa.gov>

The State of Pennsylvania levies individual income tax at a flat rate of **3.07 percent**. Therefore, no employee withholding allowance form for state income tax is required.



## Rhode Island T375

**Website:** State of Rhode Island Division of Taxation <http://www.tax.ri.gov>

### Form: RI W-4 Employee's Withholding Allowance Certificate

<b>RI W-4</b>	<b>State of Rhode Island Division of Taxation Employee's Withholding Allowance Certificate</b>	<b>2021</b>
PLEASE PRINT		
Name - first, middle initial, last  Present home address (Number and street, including apartment number or rural route)  City, town or post office                      State                      ZIP code  Your social security number	1. Enter the number of allowances from line 1E above ..... 1. _____  2. Enter any additional dollar amount which you would like withheld from your pay ..... 2. \$ _____  3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies ..... 3. _____  <b>Employee:</b> File this form with your employer to indicate the number of dependents or other personal exemptions to be claimed as allowances for your Rhode Island withholding. You should make a copy for your own records.  <b>Employer:</b> Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.	
Under penalties of perjury, I declare that I have examined this certificate, and to the best of my knowledge and belief, it is true, correct and complete.		
Employee Signature →	Date	

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▾	Special Actions ▾	Change	◀ Previous	Inquire	▶ Next	Inquire ▾			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 Q8	FEDERAL WITHHOLDING	Y ▼	02 ▼	2		- ▼	▼	
▼	T201 Q8	AZ STATE W/H TAX	N ▼	01 ▼			- ▼	▼	
<b>C ▼</b>	T375 Q8	RI STATE W/H TAX EE	Y ▼	▼			- ▼	▼	
▼	Q8		▼	▼			- ▼	▼	

1. **FC:** Type or select **C** for the **T375 RI STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

1. Enter the number of allowances from line 1E above .....	1.	2
2. Enter any additional dollar amount which you would like withheld from your pay .....	2.	\$ 25.00
3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies .....	3.	

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ | **Change** | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	2		-	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼
C	T375 QE	RI STATE W/H TAX EE	Y		2		-	▼
▼	QE		▼	▼			-	▼

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txbl wage		25.00	


4. **Exempt Number:** Enter amount from line 1.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 2.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Rhode Island state tax elections.

## South Carolina T377

Website: South Carolina Department of Revenue <https://dor.sc.gov>

### Form: SC W-4 South Carolina Employee's Withholding Allowance Certificate

1350  dor.sc.gov	 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE <b>SOUTH CAROLINA EMPLOYEE'S                  WITHHOLDING ALLOWANCE CERTIFICATE</b>	<b>SC W-4</b> (Rev. 9/23/20) 3527 <b>2021</b>
Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.		
<b>Part I: Employee Information</b>		
1 First name and middle initial _____ Address _____ City _____ State _____ ZIP _____	Last name _____ 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check <b>Married, but withhold at higher Single rate.</b> 4 Check if <b>your last name is different</b> on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213 .	2 Social Security Number _____ 5 _____ 6 \$ _____ 7 _____
5 Total number of allowances (from the applicable worksheet on page 3) ..... 6 Additional amount, if any, to withhold from each paycheck ..... 7 I claim exemption from withholding for 2021. Check the box for the exemption reason and write <b>Exempt</b> on line 7. <input type="checkbox"/> For tax year 2020, I had a right to a refund of <b>all</b> South Carolina Income Tax withheld because I had <b>no</b> tax liability, <b>and</b> for tax year 2021 I expect a refund of <b>all</b> South Carolina Income Tax withheld because I expect to have <b>no</b> tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: _____		
Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.		
Employee's signature (required) _____		Date _____

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
Data View ▾	Special Actions ▾	Change	◀ Previous	Inquire	▶ Next	Inquire ▾			
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
▼	T101 OEQ	FEDERAL WITHHOLDING	Y	02	2				
▼	T201 OEQ	AZ STATE W/H TAX	N	01					
C	T377 OEQ	SC STATE W/H TAX EE	Y	01					
▼	OEQ								

1. **FC:** Type or select **C** for the **T377 SC STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**
3. **Mar Stat:** Select the value related to the marital status indicated on the form

Address 100 N Main Street City _____ State _____ ZIP _____ Anytown, SC 99999	3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check <b>Married, but withhold at higher Single rate.</b> 4 Check if <b>your last name is different</b> on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213 .
---	---

- Select **01** for Single
- Select **02** for Married
- Select **15** for Married, but withhold at higher Single rate

Enter Allowances/Dependent and Additional Amount elections

5	Total number of allowances (from the applicable worksheet on page 3) .....	5	2
6	Additional amount, if any, to withhold from each paycheck .....	6	\$ 25.00
7	I claim exemption from withholding for 2021. Check the box for the exemption reason and write <b>Exempt</b> on line 7. <input type="checkbox"/> For tax year 2020, I had a right to a refund of <b>all</b> South Carolina Income Tax withheld because I had <b>no</b> tax liability, <b>and</b> for tax year 2021 I expect a refund of <b>all</b> South Carolina Income Tax withheld because I expect to have <b>no</b> tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: _____	7	

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	2		-	
	T201	AZ STATE W/H TAX	N	01			-	
C	T377	SC STATE W/H TAX EE	Y	01	2		-	

Addl Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 5.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 6.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for South Carolina state tax elections.

## Vermont T387

**Website:** Agency of Administration Department of Taxes <https://tax.vermont.gov>

**Form:** W-4VT Employee's Withholding Allowance Certificate

Vermont Department of Taxes

### Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.  
**To be filed with your employer.**

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> Married, but withhold at higher single rate

### Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. . . . . **1.** \_\_\_\_\_
  2. Enter "1" if you are filing jointly and your spouse does not work . . . . . **2.** \_\_\_\_\_
  3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT . . . . . **3.** \_\_\_\_\_
  4. Enter "1" if you plan to file as "head of household". . . . . **4.** \_\_\_\_\_
  5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) . . . . . **5.** \_\_\_\_\_
  6. Enter an additional amount, if any, you want withheld from each check. . . . . **6.** \_\_\_\_\_
- Exempt:** If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. . . . . \_\_\_\_\_

### General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:


- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

### Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.	
Employee's Signature	Date

## HRIS Entry

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ |  Change | ◀ Previous |  Inquire | ▶ Next | Inquire ▾ |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	2		-	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-	▼
<b>C</b>	T387 QF	VT STATE W/H TAX EE	Y	<b>01</b>			-	▼
▼	QF		▼	▼			-	▼

- FC:** Type or select **C** for the **T387 VT STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

Filing Status - Check ONE

Single
  Married/Civil Union Filing Jointly
  Married/Civil Union Filing Separately
  Married, but withhold at higher single rate



- Select **01** for Single
- Select **05** for Married/Civil Union Filing Jointly
- Select **04** for Married/Civil Union Filing Separately
- Select **15** for Married, but withhold at higher single rate

Enter Allowances/Dependent and Additional Amount elections

- Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) .....5. 2
- Enter an additional amount, if any, you want withheld from each check. ....6. 25.00

**Exempt:** If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. ....

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ |  Change | ◀ Previous |  Inquire | ▶ Next | Inquire ▾ |

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	2		-	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			-	▼
C	T387 QF	VT STATE W/H TAX EE	Y	01	<b>2</b>		<b>-</b>	▼
▼	QF		▼	▼			-	▼

Add Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
<b>02</b> Addtl Amt; Tax not > txb1 wage		<b>25.00</b>	

- Exempt Number:** Enter amount from line 5.
- Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
- Click **Tax Info 1** tab

7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 6.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Vermont state tax elections.

## Virginia T389

**Website:** Commonwealth of Virginia Tax Agency <https://www.tax.virginia.gov>

### Form: VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate

**FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE**

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

**COMPLETE THE APPLICABLE LINES BELOW**

1. If subject to withholding, enter the number of exemptions claimed on:
 

(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....	
(b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....	
(c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....	
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Mar	Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101	QE FEDERAL WITHHOLDING	Y	02	▼	2		▼	▼
▼	T201	QE AZ STATE W/H TAX	N	01	▼			▼	▼
<b>C</b>	T389	QE VA STATE W/H TAX EE	Y	▼	▼			▼	▼
▼	QE		▼	▼	▼			▼	▼

1. **FC:** Type or select **C** for the **T389 VA STATE W/H TAX EE** deduction
2. **Res** flag displays **Y**



3. **Mar Stat:** Select the same Mar Stat as T101 Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:

(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....	2
(b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....	
(c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....	2

2. Enter the amount of additional withholding requested (see instructions)..... 25.00

3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)

4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

REV. 08/11

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QE	FEDERAL WITHHOLDING	Y	02	2		-	▼
▼	T201 QE	AZ STATE W/H TAX	N	01			-	▼
C	T389 QE	VA STATE W/H TAX EE	Y		2		-	▼
▼	QE		▼	▼			-	▼

Addl Exemptions | Tax Info 1 | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	

4. **Exempt Number:** Enter amount from line 1c.

5. **Tax Emp flag:** Select **No**

- Change flag to **Y** only if employee is claiming exempt

6. Click **Tax Info 1** tab

7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage

8. **Amount:** Enter amount up to two-decimals from line 2.

- **If the employee is claiming Tax Exempt, they cannot have an additional amount**

9. Click **Change**, status bar displays message *Change Complete - Continue*

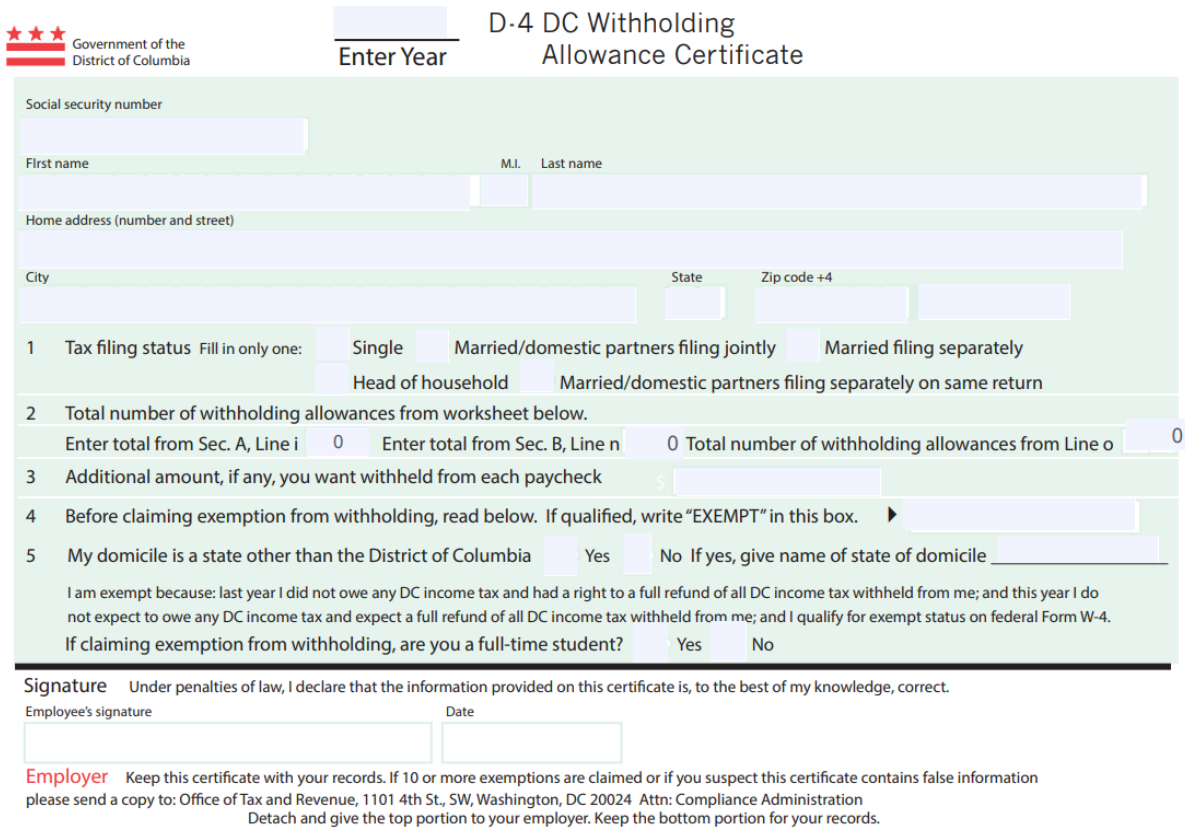
This completes the process for Virginia state tax elections.



## Washington D.C. T399

**Website:** Office of Tax and Revenue <https://otr.cfo.dc.gov>

### Form: D-4 Employee's Withholding Allowance Certificate



**Government of the District of Columbia**  Enter Year **D-4 DC Withholding Allowance Certificate**

Social security number

First name  M.I.  Last name

Home address (number and street)

City  State  Zip code +4

1 Tax filing status Fill in only one:  Single  Married/domestic partners filing jointly  Married filing separately  
 Head of household  Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below.  
 Enter total from Sec. A, Line i  0 Enter total from Sec. B, Line n  0 Total number of withholding allowances from Line o  0

3 Additional amount, if any, you want withheld from each paycheck

4 Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

5 My domicile is a state other than the District of Columbia  Yes  No If yes, give name of state of domicile





I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.  
 If claiming exemption from withholding, are you a full-time student?  Yes  No

Signature Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.  
 Employee's signature  Date

**Employer** Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St, SW, Washington, DC 20024 Attn: Compliance Administration  
 Detach and give the top portion to your employer. Keep the bottom portion for your records.

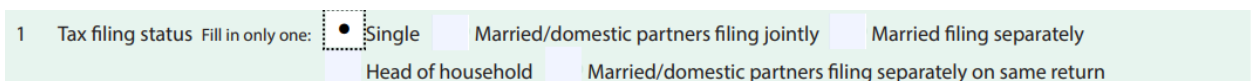
### HRIS Entry

**PR13.1 - Employee United States Taxes - PROD**

Data View ▾ | Special Actions ▾ |  Change |  Previous |  Inquire |  Next | Inquire | ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▾	T101 QE	FEDERAL WITHHOLDING	Y ▾	02 ▾	2	<input type="text"/>	- ▾	▾
▾	T201 QE	AZ STATE W/H TAX	N ▾	01 ▾	<input type="text"/>	<input type="text"/>	- ▾	▾
<b>C</b> ▾	T399 QE	DC STATE W/H TAX EE	Y ▾	<b>01</b> ▾	<input type="text"/>	<input type="text"/>	- ▾	▾
▾	QE		▾	▾	<input type="text"/>	<input type="text"/>	- ▾	▾

- FC:** Type or select **C** for the **T399 DC STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form



1 Tax filing status Fill in only one:  Single  Married/domestic partners filing jointly  Married filing separately  
 Head of household  Married/domestic partners filing separately on same return

- Select **01** for Single
- Select **04** for Married/domestic partners filing jointly

- Select **03** for Married filing separately or Married/domestic partners filing separately on same return
- Select **06** for Head of household

Enter Allowances/Dependent and Additional Amount elections

2 Total number of withholding allowances from worksheet below.  
 Enter total from Sec. A, Line i  Enter total from Sec. B, Line n  Total number of withholding allowances from Line o

3 Additional amount, if any, you want withheld from each paycheck

4 Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

5 My domicile is a state other than the District of Columbia  Yes  No If yes, give name of state of domicile

I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.  
 If claiming exemption from withholding, are you a full-time student?  Yes  No

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
	T101	FEDERAL WITHHOLDING	Y	02	2			
	T201	AZ STATE W/H TAX	N	01				
C	T399	DC STATE W/H TAX EE	Y	01	2			

Addl Exemptions **Tax Info 1** Tax Info 2 Effective Dates

Tax Code	Rate	Amount	Formula
02 Addtl Amt; Tax not > txbl wage		25.00	

4. **Exempt Number:** Enter amount from line 24.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02 Addtl Amt; Tax not > txbl wage**
8. **Amount:** Enter amount up to two-decimals from line 3.
  - **If the employee is claiming Tax Exempt, they cannot have an additional amount**
9. Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Washington D.C. tax elections.

## West Virginia T393

**Website:** West Virginia State Tax Department <https://tax.wv.gov>

**Form:** WV IT-104 West Virginia Employee's Withholding Exemption Certificate

**WVIT-104.1 West Virginia Department of Tax and Revenue Low-Income Earned Income Exclusion Certificate Election to not Withhold State Income Tax**

----- cut here -----

WV/IT-104  
Rev. 12/20

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**



Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



- If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" .....
- If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
  - If you claim both of these exemptions, enter "2"
  - If you claim one of these exemptions, enter "1"
  - If you claim neither of these exemptions, enter "0"
- If you claim exemptions for one or more dependents, enter the number of such exemptions. ....
- Add the number of exemptions which you have claimed above and enter the total .....
- If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
- Additional withholding per pay period under agreement with employer, enter amount here ..... \$ \_\_\_\_\_

*I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

### HRIS Entry

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ |  Change |  Previous |  Inquire |  Next | Inquire | ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 Q#	FEDERAL WITHHOLDING	Y ▼	02 ▼	2		▼	▼
▼	T201 Q#	AZ STATE W/H TAX	N ▼	01 ▼			▼	▼
<b>C ▼</b>	T393 Q#	WV STATE W/H TAX EE	Y ▼	▼			▼	▼
▼	Q#		▼	▼			▼	▼

- FC:** Type or select **C** for the **T393 WV STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the same Mar Stat as **T101** Federal Withholding

Enter Allowances/Dependent and Additional Amount elections

4. Add the number of exemptions which you have claimed above and enter the total .....
5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
6. Additional withholding per pay period under agreement with employer, enter amount here ..... \$ 25

*I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.*

PR13.1 - Employee United States Taxes - PROD

Data View ▾ | Special Actions ▾ | Change | ◀ Previous | Inquire | ▶ Next | Inquire ▾

FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code
▼	T101 QF	FEDERAL WITHHOLDING	Y	02	2		▼	▼
▼	T201 QF	AZ STATE W/H TAX	N	01			▼	▼
C▼	T393 QF	WV STATE W/H TAX EE	Y	▼	2		▼	▼
▼	QF		▼	▼			▼	▼

Addl Exemptions | Tax Info 1 | Tax Info 2 | Effective Dates

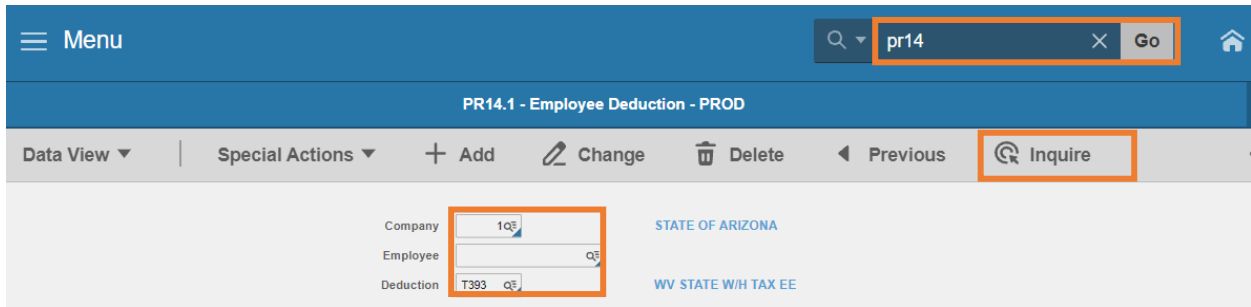
Tax Code	Rate	Amount	Formula
02	Addtl Amt; Tax not > txbl wage	25.00	

4. **Exempt Number:** Enter amount from line 4.
5. **Tax Emp flag:** Select **No**
  - Change flag to **Y** only if employee is claiming exempt by submitting **Form WV/IT-104.1**
6. Click **Tax Info 1** tab
7. **Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
8. **Amount:** Enter amount up to two-decimals from line 6.
  - *If the employee is claiming Tax Exempt, they cannot have an additional amount*
9. Click **Change**, status bar displays message *Change Complete - Continue*

Withhold at Lower Rate (Line 5)

If **Line 5** is blank, no action is required. If the box is checked, enter a value on **PR14.1**.

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here

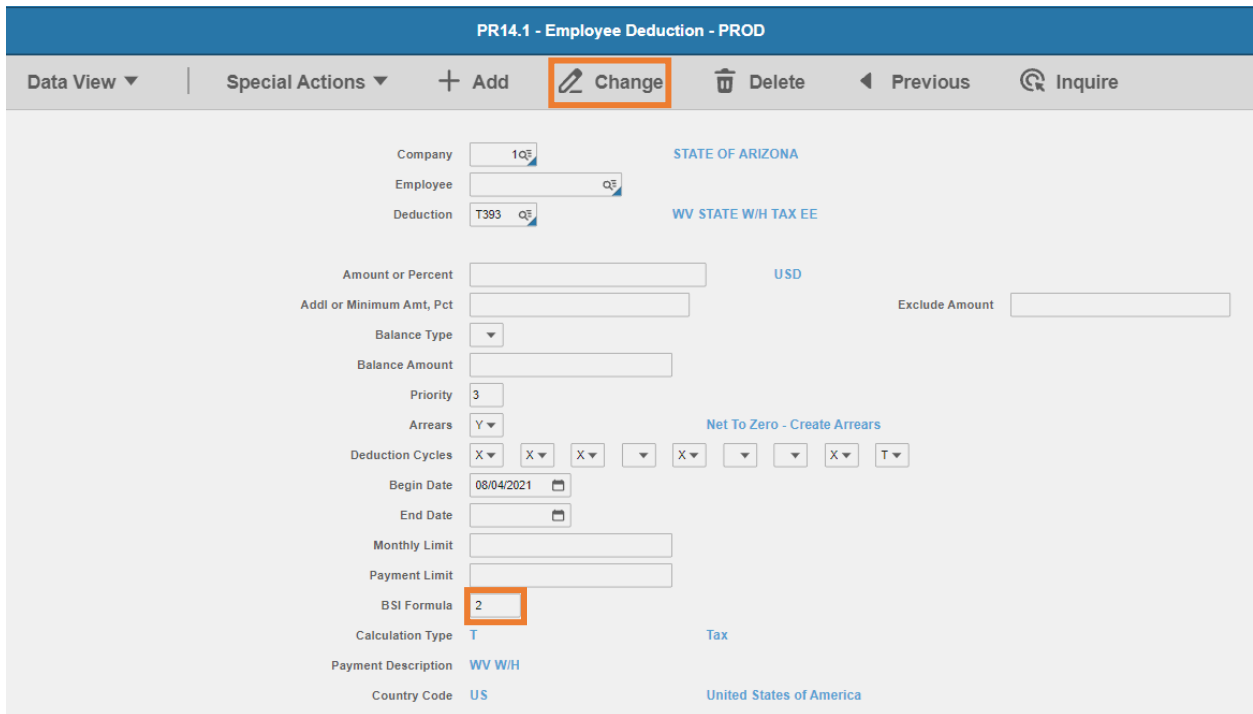


PR14.1 - Employee Deduction - PROD

Data View | Special Actions | + Add | Change | Delete | Previous | **Inquire**

Company: 105 STATE OF ARIZONA  
 Employee: Q5  
 Deduction: T393 WV STATE W/H TAX EE

1. Type **PR14.1** in search field, click **Go**
2. **Company:** Type or select **1**
3. **Employee:** Type or select the **Employee Identification Number**
4. **Deduction Code:** Type or select **T393** Deduction Code
5. Click **Inquire**



PR14.1 - Employee Deduction - PROD

Data View | Special Actions | + Add | **Change** | Delete | Previous | Inquire

Company: 105 STATE OF ARIZONA  
 Employee: Q5  
 Deduction: T393 WV STATE W/H TAX EE

Amount or Percent: USD  
 Addl or Minimum Amt, Pct: Exclude Amount  
 Balance Type: Balance Amount  
 Priority: 3  
 Arrears: Y Net To Zero - Create Arrears  
 Deduction Cycles: X X X X X T  
 Begin Date: 08/04/2021  
 End Date:  
 Monthly Limit:  
 Payment Limit:  
 BSI Formula: **2**  
 Calculation Type: T Tax  
 Payment Description: WV W/H  
 Country Code: US United States of America

6. **BSI Formula:** Enter **2**
7. Click **Change**, Status bar displays message *Change Complete - Continue*
  - PR13.1 now displays the **Formula** value of **2** on **Tax Info 1** tab for **T393** deduction code

This completes the process for West Virginia state tax elections.

## Wisconsin T395

**Website:** Wisconsin Department of Revenue <https://www.revenue.wi.gov>

### Form: WT-4 Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting **WT-4**

**Employee's Section** (Print clearly)

Employee's legal name (first name, middle initial, last name)			Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

**FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW**

Complete Lines 1 through 3

- Exemption for yourself – enter 1
  - Exemption for your spouse – enter 1
  - Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent
  - Total – add lines (a) through (c)
- Additional amount per pay period you want deducted (if your employer agrees)
- I claim complete exemption from withholding (see instructions). Enter "Exempt"

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## HRIS Entry

PR13.1 - Employee United States Taxes - PROD									
FC	Ded	Description	Res	Mar Stat	Exempt Number	Exempt Amount	Tax Exm	Cert Code	
	T101	Q	FEDERAL WITHHOLDING	Y	02	2			
	T201	Q	AZ STATE W/H TAX	N	01				
<b>C</b>	T395	Q	WI STATE W/H TAX EE	Y	<b>01</b>				

- FC:** Type or select **C** for the **T395 WI STATE W/H TAX EE** deduction
- Res** flag displays **Y**
- Mar Stat:** Select the value related to the marital status indicated on the form

Employee's legal name (first name, middle initial, last name) Employee Name			Social security number 000-11-2222	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, check the Single box.
Employee's address (number and street) 100 N Main Street			Date of birth 01/01/1950	
City Anytown	State WI	Zip code 99999	Date of hire 7/1/20XX	

- Select **01** for Single
- Select **02** for Married
- Select **15** for Married, but withhold at higher Single rate

Enter Allowances/Dependent and Additional Amount elections

**FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW**

Complete Lines 1 through 3

1. (a) Exemption for yourself – enter 1 .....	1
(b) Exemption for your spouse – enter 1 .....	
(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent .....	1
(d) Total – add lines (a) through (c) .....	2
2. Additional amount per pay period you want deducted (if your employer agrees) .....	25.00
3. I claim complete exemption from withholding (see instructions). Enter "Exempt" .....	

PR13.1 - Employee United States Taxes - PROD

Data View | Special Actions | **Change** | Previous | Inquire | Next | Inquire

FC	Ded	Description	Res	Mar	Stat	Exempt	Exempt	Tax	Cert
						Number	Amount	Exm	Code
	T101	FEDERAL WITHHOLDING	Y	02		2			
	T201	AZ STATE W/H TAX	N	01					
C	T395	WI STATE W/H TAX EE	Y	01		2			

Addl Exemptions | **Tax Info 1** | Tax Info 2 | Effective Dates

Tax Code	Rate	Amount	Formula
02		25.00	

- Exempt Number:** Enter amount from line 1(d).
- Tax Emp** flag: Select **No**
  - Change flag to **Y** only if employee is claiming exempt
  - This certificate for exemption from withholding expires on April 30 of next year unless a new Form WT-4 is completed and provided to the employer before that date
- Click **Tax Info 1** tab
- Tax Code:** Select **02** Addtl Amt; Tax not > txbl wage
- Amount:** Enter amount up to two-decimals from line 2.
  - If the employee is claiming Tax Exempt, they cannot have an additional amount*
- Click **Change**, status bar displays message *Change Complete - Continue*

This completes the process for Wisconsin state tax elections.

## State Tax Websites

STATE	FORM NAME	WEBSITE
ALABAMA	A4	<a href="https://revenue.alabama.gov">https://revenue.alabama.gov</a>
ALASKA	No State Tax	N/A No State Tax
ARIZONA	A-4	<a href="https://azdor.gov">https://azdor.gov</a>
ARKANSAS	AR4EC	<a href="https://www.dfa.arkansas.gov">https://www.dfa.arkansas.gov</a>
CALIFORNIA	DE-4	<a href="https://www.edd.ca.gov">https://www.edd.ca.gov</a>
COLORADO	DR 0004	<a href="https://cdor.colorado.gov">https://cdor.colorado.gov</a>
CONNECTICUT	CT-W4	<a href="https://portal.ct.gov/DRS">https://portal.ct.gov/DRS</a>
DELAWARE	W-4	<a href="https://revenue.delaware.gov">https://revenue.delaware.gov</a>
FLORIDA	No State Tax	N/A No State Tax
GEORGIA	G-4	<a href="https://dor.georgia.gov">https://dor.georgia.gov</a>
HAWAII	HW-4	<a href="https://tax.hawaii.gov">https://tax.hawaii.gov</a>
IDAHO	ID W-4	<a href="https://tax.idaho.gov">https://tax.idaho.gov</a>
ILLINOIS	IL-W-4	<a href="https://www2.illinois.gov/rev">https://www2.illinois.gov/rev</a>
INDIANA	WH-4	<a href="https://www.in.gov/dor">https://www.in.gov/dor</a>
IOWA	IA W-4	<a href="https://tax.iowa.gov">https://tax.iowa.gov</a>
KANSAS	K-4	<a href="https://www.ksrevenue.org">https://www.ksrevenue.org</a>
KENTUCKY	K-4	<a href="https://revenue.ky.gov">https://revenue.ky.gov</a>
LOUISIANA	L-4	<a href="http://revenue.louisiana.gov">http://revenue.louisiana.gov</a>
MAINE	W-4ME	<a href="https://www.maine.gov/revenue">https://www.maine.gov/revenue</a>
MARYLAND	MW507	<a href="https://www.marylandtaxes.gov">https://www.marylandtaxes.gov</a>
MASSACHUSETTS	M-4	<a href="https://www.mass.gov/orgs/massachusetts-department-of-revenue">https://www.mass.gov/orgs/massachusetts-department-of-revenue</a>
MICHIGAN	MI-W4	<a href="https://www.michigan.gov/taxes">https://www.michigan.gov/taxes</a>
MINNESOTA	W-4MN	<a href="https://www.revenue.state.mn.us">https://www.revenue.state.mn.us</a>
MISSISSIPPI	89-350-19-3	<a href="https://www.dor.ms.gov">https://www.dor.ms.gov</a>
MISSOURI	MO W-4	<a href="https://dor.mo.gov">https://dor.mo.gov</a>



MONTANA	MW-4	<a href="https://mtrevenue.gov">https://mtrevenue.gov</a>
NEBRASKA	W-4N	<a href="https://revenue.nebraska.gov">https://revenue.nebraska.gov</a>
NEVADA	No State Tax	N/A No State Tax
NEW HAMPSHIRE	No State Tax	N/A No State Tax
NEW JERSEY	NJ-W4	<a href="https://www.state.nj.us/treasury/taxation">https://www.state.nj.us/treasury/taxation</a>
NEW MEXICO	IRS Form W-4	<a href="https://www.irs.gov/pub/irs-pdf/fw4.pdf">https://www.irs.gov/pub/irs-pdf/fw4.pdf</a>
NEW YORK	IT-2104	<a href="https://www.tax.ny.gov">https://www.tax.ny.gov</a>
NORTH CAROLINA	NC-4	<a href="https://www.ncdor.gov">https://www.ncdor.gov</a>
NORTH DAKOTA	IRS Form W-4	<a href="https://www.irs.gov/pub/irs-pdf/fw4.pdf">https://www.irs.gov/pub/irs-pdf/fw4.pdf</a>
OHIO	IT-4	<a href="https://tax.ohio.gov">https://tax.ohio.gov</a>
OKLAHOMA	OK-W-4	<a href="https://oklahoma.gov/tax.html">https://oklahoma.gov/tax.html</a>
OREGON	OR-W-4	<a href="https://www.oregon.gov/DOR">https://www.oregon.gov/DOR</a>
PENNSYLVANIA	None Flat Rate 3.07%	<a href="https://www.revenue.pa.gov">https://www.revenue.pa.gov</a>
RHODE ISLAND	RI W-4	<a href="http://www.tax.ri.gov">http://www.tax.ri.gov</a>
SOUTH CAROLINA	SC W-4	<a href="https://dor.sc.gov">https://dor.sc.gov</a>
SOUTH DAKOTA	No State Tax	N/A No State Tax
TENNESSEE	No State Tax	N/A No State Tax
TEXAS	No State Tax	N/A No State Tax
UTAH	IRS Form W-4	<a href="https://www.irs.gov/pub/irs-pdf/fw4.pdf">https://www.irs.gov/pub/irs-pdf/fw4.pdf</a>
VERMONT	W4-VT	<a href="https://tax.vermont.gov">https://tax.vermont.gov</a>
VIRGINIA	Form VA-4	<a href="https://www.tax.virginia.gov">https://www.tax.virginia.gov</a>
WASHINGTON	No State Tax	N/A No State Tax
WASHINGTON DC	Form D-4	<a href="https://otr.cfo.dc.gov">https://otr.cfo.dc.gov</a>
WEST VIRGINIA	IT-104	<a href="https://tax.wv.gov">https://tax.wv.gov</a>

WISCONSIN	WT-4	<a href="https://www.revenue.wi.gov">https://www.revenue.wi.gov</a>
WYOMING	No State Tax	N/A No State Tax