Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- . Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarr ed and pay more than 50% of the costs of keeping up a home for yourself and your dependentlys or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4

	Persona	I Allowances Works	heet (Keep fo	or your records.)			
A	Enter "1" for yourself if no one else can o	claim you as a dependent				A	
	You are single and have	ve only one job; or)		
В	Enter "1" if: You are married, have	only one job, and your sp	oouse does not	work; or	} .	В	
	 Your wages from a sec 	ond job or your spouse's	wages (or the tot	al of both) are \$1,50	00 or less.	**************************************	
С	Enter "1" for your spouse . But, you may	choose to enter "-0-" if y	ou are married a	and have either a w	orking spouse	or more	
	than one job. (Entering "-0-" may help yo	u avoid having too little ta	ax withheld.) .			с	
D	Enter number of dependents (other than	your spouse or yourself)	you will claim o	n your tax return .		D	
E	Enter "1" if you will file as head of house				sehold above)	E	
F	Enter "1" if you have at least \$2,000 of ch					F	
	(Note. Do not include child support paym						
G	Child Tax Credit (including additional ch						
	• If your total income will be less than \$65	5,000 (\$100,000 if married	d), enter "2" for	each eligible child:	then less "1" if	VOU	
	have two to four eligible children or less '					,	
	• If your total income will be between \$65,000	and \$84,000 (\$100,000 and	d \$119,000 if man	ried), enter "1" for eac	ch eliaible child .	G	
н	Add lines A through G and enter total here. (N					eturn) > H	
	earnings from all jobs eavoid having too little ta e If neither of the above Separate here and earnings Employe Went of the Treasury Whether you are entity	have more than one job exceed \$50,000 (\$20,000 i	f married), see the ere and enter the ployer. Keep the Allowander of allowances of	ne Two-Earners/Mine he number from line he top part for your CE Certificator exemption from with	Itiple Jobs Wo d on line 5 of Fo records te hholding is o the IRS.	rksheet on page 2 t	
						•	
	Home address (number and street or rural route)	3 Single Married Married, but withhold at higher Single rate.				
			Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box				
City or town, state, and ZIP code					~		
			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.				
5	Total number of allowances you are cla	iming (from line H above	·····			5	
6	Total number of allowances you are claiming (from line H above or f Additional amount, if any, you want withheld from each paycheck				in page 2)		
-						C K	
7	L claim exemption from withholding for :				as for avamptio	6 \$	
7		2015, and I certify that I n	neet both of the	following condition		1 '	
7	 Last year I had a right to a refund of a 	2015, and I certify that I n II federal income tax with	neet both of the held because t	following condition had no tax liability,	and	1 '	
7	 Last year I had a right to a refund of a This year I expect a refund of all feder 	2015, and I certify that I n II federal income tax with al income tax withheld b	neet both of the held because I i ecause I expect	following condition had no tax liability, to have no tax liab	and	1 '	
-	 Last year I had a right to a refund of a This year I expect a refund of all feder If you meet both conditions, write "Exer 	2015, and I certify that I n II federal income tax with ral income tax withheld b npt" here	neet both of the held because I ecause I expect	following condition had no tax liability, to have no tax liab	and ility.	n.	
Unde	 Last year I had a right to a refund of a This year I expect a refund of all feder If you meet both conditions, write "Exer er penalties of perjury, I declare that I have ex- 	2015, and I certify that I n II federal income tax with ral income tax withheld b npt" here	neet both of the held because I ecause I expect	following condition had no tax liability, to have no tax liab	and ility.	n.	
Unde	 Last year I had a right to a refund of a This year I expect a refund of all feder If you meet both conditions, write "Exer penalties of perjury, I declare that I have ex- loyee's signature 	2015, and I certify that I n II federal income tax with ral income tax withheld b npt" here	neet both of the held because I ecause I expect	following condition had no tax liability, to have no tax liab	and ility. 7	n.	
Unde	 Last year I had a right to a refund of a This year I expect a refund of all feder If you meet both conditions, write "Exer er penalties of perjury, I declare that I have ex- 	2015, and I certify that I n II federal income tax with ral income tax withheld b npt" here amined this certificate and	neet both of the held because I l ecause I expect to the best of m	following condition had no tax liability, to have no tax liab	and illity. 7 Slief, it is true, co	n.	

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		·····			djustments Works			
Note.					claim certain credits or			
1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details					951) of your ver \$309,900 ingle and not	i.	
	(\$	12,600 if marr	ried filing jointly or qu	alifying widov	v(er)		===	
2	1	9,250 if head 6,300 if single	of household or married filing sep	arately	}		2 <u>\$</u>	•
3		J	. If zero or less, enter	,			3 \$	
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)							
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)						Credits to	
6					vidends or interest)			
7			. If zero or less, enter					
8					ere. Drop any fraction			
9					t, line H, page 1			
10					the Two-Earners/Mul			
. •					d enter this total on Fo		•	
					t (See Two earners of			
Note					age 1 direct you here.	or manapic j	obs on page 1.j	
1					ed the Deductions and A	diustments We	orksheet) 1	
2								
_	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"							
3	If line 1 is m	ore than or	equal to line 2, subt		om line 1. Enter the re	sult here (if z	THE PARTY NAMED IN COLUMN TWO	
•					of this worksheet			
Note.					age 1. Complete lines		****	
			olding amount necess		•	· in ough o b	CIOW to	
4	-		2 of this worksheet	•		4		
5			1 of this worksheet			5	***************************************	
6							6	
7					ST paying job and ente			
8					additional annual withh			
9					or example, divide by 25		****	
9					nere are 25 pay periods			
					ional amount to be with			
	tire result here		ole 1	no io the addit	I amount to be with		ble 2	·
	Married Filing		All Other	<u> </u>	Married Filing		 	
		İ					All Oth	
paying	s from LOWEST ob are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are —	Enter on line 7 above	If wages from HIGHES paying job are—	T Enter on line 7 above
	\$0 - \$6,000 01 - 13,000	0	\$0 - \$8,000 8,001 - 17,000	0 1	\$0 - \$75,000 75,001 - 135,000	\$600 1,000	\$0 - \$38,000 38,001 - 83,000	
13.0	01 24.000	2	17,001 - 26.000	2	135,001 - 205,000	1,120	83,001 - 180,000	1.120
	01 - 26,000 01 - 34,000	3 4	26,001 - 34.000 34,001 - 44.000	3	205,001 - 360,000 360,001 - 405,000	1,320 1,400	180,001 - 395,000 395,001 and over	
	01 - 44.000	5	44,001 - 75.000	5	405,001 and over	1,580	393,001 and over	1,580
	01 50.000 01 65.000	6 7	75,001 - 85.000	6		,,500		
	01 - 65,000 01 - 75,000	8	85,001 - 110.000 110,001 - 125,000	7 8				
75.0	01 - 80,000	9	125,001 - 140.000	. 9				
	01 - 100.000 01 - 115.000	10 11	140,001 and over	10				at a second
115,001 - 130.000 12								
	01 - 140.000 01 - 150.000	13						
	01 - 150,000 01 and over	14 15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances, providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce tederal nontax criminal laws or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you See the instructions for your income tax return.



Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- · Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue. Criminal Investigations Division. PO Box 2389, Baton Boune, LA 70821-2389.

mentation. The info	ormation should be sent to the Louisiana Department of Revenue	e, Criminal Investigations Division, PO E	30x 2389, Baton Re	ouge, LA 70821-2389.		
Block A						
Enter "0" to clai You may enter "	umber 3 below. tax withheld.	A.				
employment, or	m yourself, and check "Single" under number 3 below. if you r if your spouse has not claimed your exemption. Enter "1" to and check "Single" under number 3 below.					
• Enter "2" to clai	m yourself and your spouse, and check "Married" under nur	mber 3 below.				
Enter the numb are claimed, er	no dependents	В.				
}_	Cut here and give the bottom portion of certificate to	your employer. Keep the top porti	on for your reco	ords.		
Form L-4						
Louisiana Department of Revenue	Employee's Withholding Allowance Certificate					
1. Type or print fi	rst name and middle initial	Last name				
2. Social Security	y Number	3. Select one □ No exemptions or dependents claimed □ Single □ Married				
4. Home address	(number and street or rural route)					
5. City		State	ZIP	ZIP		
6. Total number of exemptions claimed in Block A 6.				6.		
7. Total number of dependents claimed in Block B						
8. Increase or dec						
I declare under th the number to wh	e penalties imposed for filing false reports that the number o nich I am entitled.	f exemptions and dependency credit	s claimed on this	certificate do not exceed		
Employee's signa	ature		Date			
	The following is to be	completed by employer.				
9. Employer's nar	me and address	10. Employer's state withholding account number				