

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 ..... [ ]

B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]

C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ]

D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]

E. Head of Household: enter 0 or 1 or 2 ..... [ ]

**4. DEPENDENT ALLOWANCES** ..... [ ]

**5. ADDITIONAL ALLOWANCES** ..... [ ]  
(complete worksheet below)

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

**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 on pages 16 through 35 of the Employer's Tax Guide)

**8. EXEMPT:** 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**

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 \_\_\_\_\_

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_  
**EMPLOYER'S WH#:** \_\_\_\_\_

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

**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 ..... \$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300  
 Each Spouse \$1,500 \$ \_\_\_\_\_

C. Subtract Line B from Line A ..... \$ \_\_\_\_\_

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 \$2,700. Enter total here and on Line 5 above .....  
 (This is the number of additional allowances. If the remainder is over \$1,350 round up).