

NCDOR | NC-4EZ Employee's Withholding Allowance Certificate

| Social Security Number | er | Marital Status | | | | | |
|--|---|---|----------------------------------|---|--|---|----------------|
| First Name (USE CAPITAL L | ETTERS FOR YOUR NAME AND ADDRESS) | Single M.I. | Head of Ho | ousehold | Married or Surviving | Spouse | |
| Address | | | | | | County (Enter first five let | tters) |
| City | | | State | Zip Code (5 Digit) | Country (If not U.S. | .) | |
| | | | | | | _ | |
| FORM NC-4EZ: Please | use this form if you: | | | | | | |
| Prefer not to complete t | standard deduction dits or only the credit for chil he extended Form NC-4 status (See lines 3 or 4 bel | | | | | | |
| mportant: If you are a | nonresident alien you mus | st use Form NC-4 N | IRA. | | | | |
| You may complete Form | NC-4, if you plan to claim N | .C. itemized deduction | ons, federal ad | ljustments to inco | me, or N.C. deduction | ıs. | |
| amount of income, and n | n the credit for children, enter umber of children under age for the credit for each child. | zero (0) on line 1. If 17 to determine the | you plan to cla number of all | aim the credit for co owances to enter | children, use the table on line 1. For married | below for your filing s d taxpayers, only 1 sp | tatus oouse |
| Single & Married | Filing Separately | Married Filing Joi | ntly & Survivi | ng Spouse | Head o | of Household | |
| Income # of C | hildren under age 17 | Income # c | of Children ur | nder age 17 | Income # | of Children under a | ige 17 |
| 1 2 3 | 3 4 5 6 7 8 9 10 | 1 | 2 3 4 5 6 | 7 8 9 10 | 1 1 | 2 3 4 5 6 7 8 | 9 10 |
| | of Allowances | | # of Allowa | | 1 | # of Allowances | 5 10 |
| | 2 3 4 5 6 7 8 8 | 0-40,000 0 | 1 2 3 4 5 | | 0-32,000 0 | 1 2 3 4 5 6 7 | 8 8 |
| 20,001-50,000 0 1 2 | | 40,001-100,000 0 | | | | 1 2 2 3 4 5 5 | |
| | lowances you are claiming | | | | , , | 1 2 2 3 4 3 3 | 0 7 |
| 2. Additional amount | t, if any, withheld from eac | h pay period (Ente | r whole dollars | s) | · | | 00 |
| 3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions: • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability | | | | | | | |
| | xempt from North Carolina o | | | | ter state of domicile) | Check Here | |
| If line 3 or line 4 ab | ove applies to you, enter th | e effective year 20 |) | | | | |
| 5. I certify that I no lo | onger meet the requiremen | ts for exemption o | n line 3 🗌 o | r line 4 (Che | eck applicable box) | | |
| | e my exemption and requences entered on line 1 and | | | orth Carolina inc | ome tax based on th | Check Here | |
| reasonable basis a | urnish an employer with a nd results in a lesser amo e subject to a penalty of 50 | ount of tax being w | ithheld than | would have bee | | | |
| Employee's Signatur | | | Date | | | | |

I certify, under penalties provided by law, 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 line 3 or 4, whichever applies.