

STATE OF NORTH CAROLINA
OFFICE OF THE STATE CONTROLLER
Payroll Section
TAX EXEMPTION CERTIFICATES

Unit: **002**

**FOR
PAYROLL
OFFICER
USE ONLY**

Agency Name:
NC Department of Administration

Retirement Number:

If the answer to the below question is 'YES', please follow the following information

Last Date Employed by State

Wages Paid by State Subject to Soc. Sec. Withholding:

Social Security Tax Withheld:

If a new employee, have you been employed by the state of North Carolina during the current calendar year? YES NO

Name of Previous Agency:

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1 Type or print your first and middle initial Last Name

2 Your Social Security number

Home address (number and street or rural route)
City or town, state and Zip Code

3 Marital Status 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.

4 Total number of allowances you are claiming

4
5 \$

6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:
• Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
• This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND
• This year if my income exceeds \$550 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here 6 20

7 Are you a full-time student? (Note: Full-time students are not automatically exempt.) 7 Yes No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim the exempt status.

Employee's Signature > Date > , 20

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS)
OFFICE OF THE STATE CONTROLLER, RALEIGH, NC 27603-8003

9 Office code (optional)

10 Employer Identification Number
56-6023166

Form **NC-4**

**NORTH CAROLINA DEPARTMENT OF REVENUE
Employee's Withholding Allowance Certificate**

1 Type or print your first and middle initial Last Name

2 Your Social Security number

Home address (number and street or rural route)
City or town, state and Zip Code

3 Marital Status Single
 Married or Qualifying Widow(er)
 Head of Household

4 Total number of allowances you are claiming

4
5 \$

6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:
• Last year I had a right 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.

If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed by next February 15 and given to your employer.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here 6 20

7 Are you a full-time student? (Note: Full-time students are not automatically exempt.) 7 Yes No

I certify, under penalties provided by law, that the withholding allowance on this certificate do not exceed the amount to which I am entitled.

Employee's Signature > Date > , 20

8 Employer's name and address (Employer: Complete 8 and 9 only if sending to NCDNR)
OFFICE OF THE STATE CONTROLLER, RALEIGH, NC 27603-8003

9 Employer Identification Number
092-100081