Form WH-4
State of Indiana
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 ___________________________

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

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1". ___________________________

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1". ___________________________

3. 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 [ ] Number of boxes checked [ ] . (See instructions) Enter the total number of exemptions. ___________________________

4. Add lines 1, 2, and 3. Enter the total here. ___________________________

5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) ___________________________

6. Enter the amount of additional state 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: ___________________________

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