_• **W-4 Employee's Withholding Certificate** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

m _⊅	_%	Give Fo	2024								
l i v u 3	۱C		ng is subject to review by the IF	RS.							
Step 1: Enter Personal	(a)	Sim mili	_\$ m		(b) Social security number						
	A	<u>.</u> \$\$	Does your name match the name on your social security card? If _9 _0 _1 _0								
Information	-	0_0/,_\$, rc_0	c f_Q_Q _\$ c_o c 3A \$00-42-1213 _0_0_0 . V.								
	(c)	Single _OMarried filing separately	·								
	[☐ Married filing jointly _oQualifying surviving	spouse								
	[Head of household ($c k_0 f_0$ t $u m$	m_0 /f c_ ∞	Lok u _n∩f_o.	o_Sifif vui.)						
		4 ONLY if they apply to you; otherwi n w _ρ , w _q_s	se, skip to Step 5. ³ \$m _o _ <i>r</i> . <i>v</i> / 4A		0_0 C _ \$,w _©						
Step 2: Multiple Job)S			2) m fl _ f_Ωn ll_1⊅	0 _0 _\$_0_\$ _\$ _0_\$						
or Spouse		_oonly one _p f_p_q .									
Works		(a) _\$ _\$m _0 . <i>r</i> . v/ 4A f_om_o\$ccu w _p f_o _\$\$ (³ _\$3 4). If _0 _o _0 _\$_0_\$ v _\$If-m I_om c _n, u_\$ _\$_o _o_or									
		(b) _\$ ui i _0_\$ _0k_\$	_0 3 _\$	³ 4€) L.Qv.	or						
		(c) If _0/ w_0_0_\$_0/, _			4f_000\$						
			()f		/f_⊅						
		_0. w _\$,()	_\$m_0 cc u		[]						
Complete Ste m_ s cc u		-4(b) on Form ₩-4 for only ONE of th _0c _n i \$3 4()_0 _9	esejobs. v _05_5_5 m -4f_0 _5	kf000 0.)	D_\$(Y_Q w _P w						
Step 3:		lf_0_01c_n wll \$200,000	_0 _ \$\$(\$400,000 _0 _ \$\$ f m	fi _0 i).							
Claim Dependent		uli um _p_u_ìf c	•	00 \$	-						
and Other		ul l um _Ð_O	\$ \$500	\$	-						
Credits		A m_Q_\$_0f_0_u_iff _\$ m_Q_p _0 c _\$	-	_\$Y_Q m _	_0 3 \$						
Step 4		(a) Other income (not from jobs)		_0_0 C_171 _(
(optional):			ν_Ω, m_Ω	_10_0 C_101							
Other		_\$m clu _\$, v	_\$ m c_An.		4(a) \$						
Adjustments	S	(b) Deductions. If _0 c _o≎ i r w _o c _0 w _o ,		• <u> </u>							
		, 			4(b) \$						
		(c) Extra withholding.	_0 _Q W W	c pay period	4(c) \$						
Step 5: Sign Here		ISL® u, ICI _SE €, _0 _S_®mk_wiif, _Suc_oc, c_mri.									
	Employee's signature (_\$m _\$ _ov u _\$\$ _0 _\$.) Date										
Employers Only	m I	_0 '_ \$ m _\$\$		_\$0 m_L_0m	m i_o £ _o um (Ⅰ)						

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

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Married Filing Jointly or Qualifying Surviving Spouse Lower Paying Job Annual Taxable Wage & Salar

Higher Paying Job	Lower Paying Job Annual Taxable Wage & Salary											
Annual Taxable Wage & Salary	\$0 -	\$10,000 -	\$20,000 - 2 ,	\$30,000 - 3 .	\$40,000 -	\$50,000 - 5 ,	\$ 0,000 -		\$ \$ 0,000 - \$,	\$ 0,000 -	\$100,000 - 10 ,	\$110,000 - 120,000
Trage a calary	,	١,	۷,	σ,	ч,	5,	,	r,	Ψ,	,	10,	120,000
\$0 - ,	\$0	\$0	\$_\$0	\$ \$ 50	\$ 40	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,3 _ 0
\$10,000 - 1 ,	0	▶ \$0	1, \$0	1, 40	2,140	2,220	2,220	2,220	2,220	2,220	2,5_0	3,5_0
\$20,000 - 2 ,	▶\$0	1, \$0	2, 8_ 0	3,140	3,340	3,420	3,420	3,420	3,420	3++0	4++0	5++0
\$30,000 - 3 ,	\$ 50	1, 40	3,140	3,410	3, 10	3, 0	3, 0	3, 0	4,040	5,040	,040	▶,040
\$40,000 - 4 ,	40	2,140	3,340	3, 10	3, \$ 10	3, 8 0	3, \$ 0	4,240	5,240	,240	▶,240	\$,240
\$50,000 - 5 ,	1,020											