A4(REV. 3/2014)

ALABAMA DEPARTMENT OF REVENUE

50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300

www.revenue.alabama.gov



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee				
EMPLOYEE NAME		EMPLOYEE SOCI	EMPLOYEE SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE	
HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS				
 If you claim no personal exemption for yourself and wish to visign and date Form A4 and file it with your employer. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1 Write the letter "S" if claiming the SINGLE exemption or "MS If you are MARRIED or SINGLE CLAIMING HEAD OF FAM Write the letter "M" if you are claiming an exemption for both single with qualifying dependents and are claiming the HEA Number of dependents (other than spouse) that you will prothe year. See dependent qualification below. Additional amount, if any, you want deducted each pay period This line to be completed by your employer: Total exemp "2" on line 4. Employer should use column M-2 (married with Under penalties of perjury, I certify that I have examined complete. 	I,500 personal exemption is allowed. "if claiming the MARRIED FILING SEPARAT IILY, a \$3,000 personal exemption is allowed. If yourself and your spouse or "H" if you are ID OF FAMILY exemption	FELY exemption	·	
Employee's Signature		Date		
Part II – To be completed by the employer				
EMPLOYER NAME		EMPLOYER IDEN	TIFICATION NUMBER (EIN)	
ADDRESS	CITY	STATE	ZIP CODE	
Employers are required to keep this certificate on file. If t claims 8 or more dependent exemptions, the employer s ification: Alabama Department of Revenue, Withholding 242-1300, or by fax at (334) 242-0112. If the employee quired to withhold at the highest rate until the employee claim.	should contact the Department at the foll g Tax Section, P.O. Box 327480, Montgood does not qualify for the exemptions clain	lowing address or ph mery, AL 36132-748 ned upon verification	one number for ver- 0, by phone at (334) , the employer is re-	

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).