Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- · Will claim adjustments to income; tax credits; or

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information,

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation

	ed deductions, on his		withholding allowances.	ur otner credits into	www.irs.g	ov/w4.	ii be posted at				
		Perso	nal Allowances Works	heet (Keep foi	your records.)						
Α	Enter "1" for your	self if no one else can clair	n you as a dependent .				A				
	ť	• You're single and have o	nly one job; or)					
В	Enter "1" if:	• You're married, have onl	y one job, and your spouse	doesn't work; or		. }	В				
	(• Your wages from a secon	d job or your spouse's wage:	s (or the total of b	oth) are \$1,500 or less	_{s.})					
C			ose to enter "-0-" if you are	e married and ha	ve either a working s	spouse or more t	han one				
	job. (Entering "-0-	" may help you avoid havii	ng too little tax withheld.)				с				
D	Enter number of	dependents (other than yo	our spouse or yourself) you	will claim on you	ır tax return		D				
E	Enter "1" if you wi	ill file as head of househo l	d on your tax return (see co	onditions under I	Head of household	above)	E				
F	Enter "1" if you ha	eve at least \$2,000 of child	or dependent care expens	ses for which you	ı plan to claim a cred	lit	F				
	(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)										
G	Child Tax Credit	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.									
	• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you										
	eligible children o	or less "2" if you have five o	r more eligible children.								
	 If your total incor 	ne will be between \$70,000	and \$84,000 (\$100,000 and \$	\$119,000 if marrie	d), enter "1" for each	eligible child .	G				
Н	Add lines A through	dd lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) H									
	F		claim adjustments to inco	me and want to re	educe your withholdir	ng, see the Deduc t	tions				
	For accuracy, complete all	and Adjustments Worksheet on page 2.									
	worksheets	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.									
	that apply.										
	<u> </u>	 If neither of the above s 	situations applies, stop here	and enter the nur	nber from line H on lir	ne 5 of Form W-4 b	elow.				
		Separate here an	d give Form W-4 to your en	nployer. Keep th	e top part for your re	cords					
Γ	W-4	Employe	ee's Withholdin	ng Allowance Certificate nber of allowances or exemption from withholding is			OMB No. 1545-0074				
Depart	ment of the Treasury										
Interna	l Revenue Service		y the IRS. Your employer may b	oe required to send	a copy of this form to t		2017				
1	Your first name and	middle initial	Last name			2 Your social se	curity number				
	Harris Adams (co.			3 Single							
	Home address (nui	Home address (number and street or rural route)				ied, but withhold at	3 3				
	<u></u>		Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.								
	City or town, state,	City or town, state, and ZIP code					security card, check here				
			You must call 1-800-772-1213 for a replacement card.								
	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)										
	6 Additional amount, if any, you want withheld from each paycheck										
7	I claim exemption from withholding for 2017, and I certify that I meet both 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. If you meet both conditions, write "Exempt" here										
l lnd-			rt" here .			7	complete				
unde	r penalues of perjur	y, i deciare that i have exami	ned this certificate and, to th	ie best of my knov	vieuge and belief, it is	true, correct, and	complete.				
•	oyee's signature	ass you sign it \ \				Date ▶					
(Inis	form is not valid unl		lines 9 and 10 only if sanding the	the IPC)							
0	Employer's name an	iu audress (Employer: Complete	lines 8 and 10 only if sending to t	ille ins.)	• Office code (optional)	otional) 10 Employer identification number (EIN)					

Form W-4 (2017) Page **2**

	- (==,								r uge =				
					<u>djustments Worksh</u>								
Note: Use this worksheet <i>only</i> if you plan to itemize deductions or claim certain credits or adjustments to income.													
1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See												
	Pub. 505 for detail	1	\$										
			ed filing jointly or qualif	ying widow(e	r))								
2		9,350 if head of 5.350 if single o	f household or married filing separat	elv	}		2	\$					
3	Subtract line	3	Ś										
4	Enter an estim		\$										
5	Add lines 3 ar	/ithholding	\$										
6	Allowances for 2017 Form W-4 worksheet in Pub. 505.)												
7	Subtract line 6 from line 5. If zero or less, enter "-0-"												
8	Divide the am		4										
9			•		e H, page 1			_					
10				-	., .			_					
10													
	criter triis tota				t (See Two earners or		10						
Note	I Isa this works					maniple joos	on page 1.)						
1	te: Use this worksheet <i>only</i> if the instructions under line H on page 1 direct you here. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1												
2	Litter the name	ci iioiii iiiic ii, p	age I (of from the To abo	ve ii you useu ii	ie Deaderons and Majasti								
-	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2												
3		· ·			1. Enter the result here (if								
•		-	not use the rest of this										
Note					Complete lines 4 through		.						
11010			lding amount necessar			1 5 BCIOW to							
4	_		2 of this worksheet .	, , .		4							
5			of this worksheet .			5							
6	Subtract line		i oi tilis worksneet .				6						
7			· · · · · · · · · · · · · · · · · · ·	 Se HIGHEST D	aying job and enter it he			\$					
8			• • •	•	tional annual withholdin			\$					
9		-			ample, divide by 25 if you	_		7					
,					pay periods remaining in 2								
			-		rithheld from each payche		9	\$					
		Tab			, , , , , , , , , , , , , , , , , , ,		ble 2						
Married Filing Jointly			All Other	<u> </u>	Married Filing J	All Others							
Ifwage	s from LOWEST	Enter on	If wages from LOWEST	Enter on	If wages from HIGHEST	Enter on	If wages from HIGHE	CT	Enter on				
	job are—	line 2 above	paying job are—	line 2 above	paying job are—	line 7 above	paying job are—	.31	line 7 above				
	\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38	3,000	\$610				
7,001 - 14,000		1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85		1,010				
	4,001 - 22,000 2,001 - 27,000	2 3	16,001 - 26,000 26,001 - 34,000	2	135,001 - 205,000 205,001 - 360,000	1,130 1,340	85,001 - 185 185,001 - 400		1,130 1,340				
27,001 - 35,000		4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over		1,600				
35,001 - 44,000 44,001 - 55,000		5	44,001 - 70,000 70,001 - 85,000	5	405,001 and over	1,600							
44,001 - 55,000 55,001 - 65,000		6 7	70,001 - 85,000 85,001 - 110,000	6 7									
65,001 - 75,000 8		8	110,001 - 125,000	8									
75,001 - 80,000 9 80,001 - 95,000 10		9 10	125,001 - 140,000 140,001 and over	9 10									
95,001 - 95,000 10		140,001 allu over	10										
115,001 - 130,000 12													
	0,001 - 140,000 0.001 - 150.000	13 14											

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.