**Employee's Withholding Exemption Certificate**

**KENTUCKY DEPARTMENT OF REVENUE**

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<th>Print Full Name</th>
<th>Social Security No.</th>
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**Print Home Address**

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**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

**EMPLOYEE:**

1. If SINGLE, and you claim an exemption, enter “1,” if you do not, enter “0” ...............................................................  ________

2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
   - (a) If you claim both of these exemptions, enter “2” ................................................................................................  ________
   - (b) If you claim one of these exemptions, enter “1” ..................................................................................................  ________
   - (c) If you claim neither of these exemptions, enter “0” ................................................................................................  ________

3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
   - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter “2”; if both will be 65 or older, and you claim both of these exemptions, enter “4” ..................................  ________
   - (b) If you or your spouse are blind, and you claim this exemption, enter “2”; if both are blind, and you claim both of these exemptions, enter “4” .........................................................................................................................  ________

4. If you claim exemptions for one or more dependents, enter the number of such exemptions ................................  ________

5. National Guard exemption (see instruction 1) ...............................................................................................................  ________

6. Exemptions for Excess Itemized Deductions (Form K-4A) ............................................................................................  ________

7. Add the number of exemptions which you have claimed above and enter the total ................................................  ________

8. Additional withholding per pay period under agreement with employer. See instruction 1 $ _____________

**EMPLOYER:**

**Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.**

**Keep this certificate with your records.**

**I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.**

**Date** _________________________________     **Signed** _____________________________________________________________________________________

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**Emp. Info:**

**Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.**

**Employer Info:**

**Keep this certificate with your records.**
INSTRUCTIONS

1. NUMBER OF EXEMPTIONS—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

2. CHANGES IN EXEMPTIONS—You may file a new certificate at any time if the number of your exemptions INCREASES. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons.

   (a) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.

   (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

   (c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

OTHER DECREASES in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

3. DEPENDENTS—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person’s spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

   • your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;

   • your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;

   • your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;

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

4. PENALTIES—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.