

STATE OF NORTH CAROLINA
OFFICE OF THE STATE CONTROLLER
Payroll Section
TAX EXEMPTION CERTIFICATES

Unit:

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| FOR PAYROLL OFFICER USE ONLY | Agency Name: | | Retirement Number: |
| | If the answer to the question below is "YES", please furnish the following information | | |
| | Last Date Employed by State | Wages Paid by State Subject to Soc. Sec. Withholding | Social Security Tax Withheld: |

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| If a new employee, have you been employed by the state of North Carolina during the current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Previous Agency |
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| Form W-4 Department of the Treasury Internal Revenue Service | Employee's Withholding Allowance Certificate | OMB No. 1545-0010 |
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| 1 Type or print your first name and middle initial | Last name | 2 Your social security number |
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|---|--|
| Home address (number and street or rural route) | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at Higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box |
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| City or town, state, and ZIP code | 4 If your last name differs from that on your social security card check here and call 1-800-772-1213 for more information <input type="checkbox"/> |
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| 5 Total number of allowances you are claiming..... | 5 |
| 6 Additional amount, if any, you want deducted from each pay (whole dollars only – up to \$9,999.....) | 6 \$ |
| 7 I claim exemption from withholding and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> 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, enter the year effective and "EXEMPT" in box 7..... → | 7 |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim the exempt status.

Employee's signature → Date → , 20

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| 8 Employer's name and address (Employer: complete 8 and 20 only if sending to IRS) OFFICE OF THE STATE CONTROLLER, RALEIGH, N.C. 27603-8003 | 9 Office code (optional) | 10 Employer identification number 56:6023166 |
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| Form NC-4 | NORTH CAROLINA DEPARTMENT OF REVENUE Employee's Withholding Allowance Certificate |
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|--|-----------|-------------------------------|
| 1 Type or print your first name and middle initial | Last name | 2 Your social security number |
|--|-----------|-------------------------------|

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|---|--|
| Home address (number and street or rural route) | 3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married or Qualifying Widow(er) <input type="checkbox"/> Head of Household |
| City or town, state, and ZIP code | |

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|--|--|
| 4 Total number of allowances you are claiming..... | 4 |
| 5 Additional amount, if any, you want deducted from each pay (whole dollars only – up to \$9,999.....) | 5 \$ |
| 6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: <ul style="list-style-type: none"> 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 claiming exempt, the statement is effective for one calendar year only and a new statement must be completed by next February 15 and given to your employer. If you meet all of the above conditions, enter the year effective and "EXEMPT" in box 6..... → | 6 |
| 7 Are you a full-time student? (Note: Full-time students are not automatically exempt.)..... | 7 <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify, under penalties provided by law, that the withholding allowances on this certificate do not exceed the amount to which I am entitled.

Employee's signature → Date → SAME AS ABOVE , 20

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| 8 Employer's name and address (Employer: Complete 8 and 9 only if sending to NCDR) SAME AS ABOVE | 9 Employer identification number 092-100081 |
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