Form W-4

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

2025

OMB No. 1545-0074

Department of the Treasur Internal Revenue Service

Your withholding is subject to review by the IRS.

| Step 1: | (a) rus | t name and middle initial | Cast name | | (0) 300 | an socurity mumber | |
|---|--|--|--|-------------------------|--|--------------------|--|
| nter | Address | | | | our name match the | | |
| Personal nformation | 8 | | | card? If | n your social security not, to ensure you get | | |
| | City or town, state, and ZIP code | | | contact | r your earnings, SSA at 800-772-1213 | | |
| | (c) [| or go to www.ssa.gov. | | | | | |
| Married filing jointly or Qualifying surviving spouse | | | | | | | |
| Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individu | | | | | | | |
| TP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your narital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding. | | | | | | | |
| Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can elaim exemption from withholding, and when to use the estimator at www.irs.gov/W4App . | | | | | | | |
| Step 2: Multiple Jobs or Spouse Works | | Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. | | | | | |
| | | Do only one of the following. | | | | | |
| | | (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or | | | | | |
| | (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or | | | | | | |
| | | (c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is | than (b) if pay at the lower pa | | | | |
| Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.) | | | | | | | |
| Step 3: | | If your total income will be \$200,000 of | or less (\$400,000 or less if ma | arried filing jointly): | | | |
| Claim | | Multiply the number of qualifying of | children under age 17 by \$2,0 | 00 \$ | _ | | |
| Dependent and Other | | Multiply the number of other depe | endents by \$500 | . \$ | - | | |
| Credits | | Add the amounts above for qualifying this the amount of any other credits. | | ents. You may add to | | \$ | |
| Step 4 optional): | | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. | | | | | |
| Other | | This may include interest, dividend | ds, and retirement income . | | 4(a) | \$ | |
| Adjustments | | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | | | | \$ | |
| | | (c) Extra withholding. Enter any addi | itional tax you want withheld e | each pay period | 4(c) | | |
| | | | | | | | |
| Step 5: Sign | Under | penalties of perjury, I declare that this cert | s certificate, to the best of my knowledge and belief, is true, correct, and complete. | | | | |
| lere | Employee's signature (This form is not valid unless you sign it.) Date of the control of the co | | | | te | | |
| Employers Only | Emplo | Employer's name and address | | | Employer identification number (EIN) | | |
| | | | | | | 144.4 | |