FORM **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 with-holding 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 CLA	AIM YOUR WITHHOLDING EXEMPTION	DNS		
 If you claim no personal exemption for yourself and wish sign and date Form A4 and file it with your employer If you are SINGLE or MARRIED FILING SEPARATELY, Write the letter "S" if claiming the SINGLE exemption or If you are MARRIED or SINGLE CLAIMING HEAD OF I Write the letter "M" if you are claiming an exemption for single with qualifying dependents and are claiming the I Number of dependents (other than spouse) that you will the year. See dependent qualification below. 	a \$1,500 personal exemption is allowed. "MS" if claiming the MARRIED FILING SEPARA FAMILY, a \$3,000 personal exemption is allowed, both yourself and your spouse or "H" if you are HEAD OF FAMILY exemption	TELY exemption	•	
 Additional amount, if any, you want deducted each pay This line to be completed by your employer: Total ex "2" on line 4. Employer should use column M-2 (married 	emptions (example: employee claims "M" on line	3 and		
Under penalties of perjury, I certify that I have exami complete.	ined this certificate and to the best of my kn	owledge and belief, i	t is true, correct, ar	
Employee's Signature		_ Date		
Part II – To be completed by the employer				
EMPLOYER NAME		EMPLOYER IDEN	TIFICATION NUMBER (EIN	
	CITY	STATE	ZIP CODE	

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

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).