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.

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE
HOW TO CLA	IM YOUR WITHHOLDING EXEMPT	ONS	
If you claim no personal exemption for yourself and wish	to withhold at the highest rate, write the figure	e "O",	
sign and date Form A4 and file it with your employer			· · · · <u> </u>
2. If you are SINGLE or MARRIED FILING SEPARATELY, a	a \$1,500 personal exemption is allowed.		
Write the letter "S" if claiming the SINGLE exemption or "	"MS" if claiming the MARRIED FILING SEPAF	RATELY exemption	
3. If you are MARRIED or SINGLE CLAIMING HEAD OF F.			
Write the letter "M" if you are claiming an exemption for b			
single with qualifying dependents and are claiming the H			
Number of dependents (other than spouse) that you will			
the year. See dependent qualification below			
ano your coo dopondom quamounon bolom			
5. Additional amount, if any, you want deducted each pay p	period		\$
6. This line to be completed by your employer: Total exe			
"2" on line 4. Employer should use column M-2 (married			
2 of the 4. Employer should use column w 2 (married	with 2 dependents) in the withholding tables).		
Under penalties of perjury, I certify that I have examir complete.	ned this certificate and to the best of my k	knowledge and belief,	it is true, correct, a
Employee's Signature		Date	
Part II – To be completed by the employer			
EMPLOYER NAME		EMPLOYER IDE	NTIFICATION NUMBER (EI
ADDRESS	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).