Revenue Form K-4
42A804 (11-10)

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____ Social Security No. _____

Print Home Address _____

EMPLOYEE:

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

EMPLOYER:

Keep this certificate with your records.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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 ..... $ _____

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

Date _____ Signed _____