

W-4

Employee's Withholding Certificate

1545-00\_4

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. Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information. (a) Social security number: 1234 5678. (b) Social security number: 1234 5678. (c) Single. Does your name match the name on your social security card? If not, see instructions.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. 2 from Form 1040, with column of Form W-2, Worksheet 4A.

Step 2: Multiple Jobs or Spouse Works. (a) I am not working for another employer. (b) I am working for another employer. (c) If you are working for another employer, check the box.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. v. See instructions for more details.

Step 3: Claim Dependent and Other Credits. If you claim a dependent, check the box. If you claim a child tax credit, check the box. If you claim a dependent care credit, check the box.

Step 4 (optional): Other Adjustments. (a) Other income (not from jobs). (b) Deductions. (c) Extra withholding.

Step 5: Sign Here. Employee's signature (Print name over signature) and Date.

Employers Only. Employer's name, address, and contact information.



Step 2(b)—Multiple Jobs Worksheet (K r r r r .)



If \_o\_ \_o\_ 2() \_o\_ \_m -4p \_m l \_w\_ \_k\_ (w c c a u l \_s \_o l f\_o || \_o\_ \_o\_ only  
ONE \_m -4. \_p wll m\_ \_o\_ cc u f \_o\_ \_m l w\_ \_k\_ \_s l \_o \_m -4 f\_o \_s  
\_o. \_o cc u , \_s m w \_m -4 f\_o || \_o \_o\_ s f \_a v \_ou \_a w \_p \_s c 201 .

Note: If m\_o \_o\_ \_o\_ \_s u | w \_s \_p m \_o \$120,000 \_o m\_o \_o\_ \_s \_s \_s u .505 f\_o \_o l  
l \_s \_q \_o u \_s \_o l w \_p \_s m \_o . . . . v / 4A .

1 Two jobs. If \_a v w \_o \_o\_ \_s \_o\_ ' m f l \_o l \_a \_o \_s \_o\_ s c v \_o  
\_o, f m \_o f \_m \_o l \_o 4. \_s \_p \_o \_w  
\_w \_s \_o c \_o m , f v l u \_s \_o \_p w \_o \_o\_ s \_p \_s l \_s  
v l u \_o l 1. , skip \_q 3 . . . . . 1 \$ \_\_\_\_\_

2 Three jobs. If \_a / \_o \_a \_s \_o\_ s v \_o\_ s \_s m m \_c \_m l l \_s , 2 ,  
2 l \_w. w \_s , \_s \_o 3.

a m \_o f \_m \_o l \_o 4 u \_s u | w \_s f \_m \_s  
\_o \_o \_p \_o \_w u | w \_s f \_o \_a \_o  
\_w \_s \_o c \_o m . v l u \_s \_o \_p w \_o \_o\_ s \_p \_s l \_s  
v l u \_o l 2 . . . . . 2a \$ \_\_\_\_\_

b A u | w \_s \_p w \_o \_s \_o\_ s f \_m l 2 \_o u \_s \_o l \_s  
w \_s \_p \_o \_w u \_s u | w \_s f \_o \_a \_o  
\_s \_o c \_o m \_o m \_o f \_m \_o l \_o 4 \_s m \_o  
\_o l 2 . . . . . 2b \$ \_\_\_\_\_

c A m \_o s f \_m l \_s 2 \_s l \_o l 2 . . . . . 2c \$ \_\_\_\_\_

3 um \_p \_o\_ s f\_o \_s \_o. \_o m l , 00150 \_o\_ s

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - ,	\$10,000 - 1 ,	\$20,000 - 2 ,	\$30,000 - 3 ,	\$40,000 - 4 ,	\$50,000 - 5 ,	\$ 0,000 - ,	\$ 0,000 - ,	\$0,000 - \$ ,	\$ 0,000 - ,	\$100,000 - 10 ,	\$110,000 - 120,000
\$0 - ,	\$0	\$0	\$0	\$50	\$ 40	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,300
\$10,000 - 1 ,	0	\$0	\$1,000	1,400	2,140	2,220	2,220	2,220	2,220	2,220	2,500	3,500
\$20,000 - 2 ,	\$0	\$1,000	\$2,000	3,140	3,340	3,420	3,420	3,420	3,420			