



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

3. MARITAL STATUS

Enter letter below on Line 7.

4. DEPENDENT ALLOWANCES

[]

- A. Single
 B. Married Filing Separate or Married Filing Joint, both spouses working
 C. Married Filing Joint, one spouse working
 D. Head of Household

5. GEORGIA ADJUSTMENTS ALLOWANCE

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(See instructions for details. Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING

\$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed for step 5)

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ _____
 B. Georgia Standard Deduction (enter one):
 Single/Head of Household\$12,000
 Married Filing Joint\$24,000
 Married Filing Separate\$12,000
 C. Subtract Line B from Line A (If zero or less, enter zero)\$ _____
 D. Allowable Georgia Adjustments to Federal Adjusted Gross Income\$ _____
 E. Add the Amounts on Lines C and D\$ _____
 F. Estimate of Taxable Income not Subject to Withholding\$ _____
 G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____
 H. Divide the Amount on Line G by \$4,000. Enter total here and on Line 5 above
 (This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C or D) _____

TOTAL ALLOWANCES (Total of Lines 4 - 5) _____

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐
 b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105685, Atlanta, GA 30348-5685

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.