## **Employee's Withholding Allowance Certificate**

10-13		North	lorth Carolina Department of Revenue					
Social Security No	umber —	Ma	arital Status Single	Head of H	ousehold	_Married or Qualify	ring Widow(er)	
First Name (USE CAF	PITAL LETTERS FOR YOUR NAM	IE AND ADDRESS)	M.I.	Last Name	)			
Address							County (Enter first five le	letters)
City				State	Zip Code (5 Digit	t) Country (If no	ot U.S.)	
the numbe and as a re exemption	r of allowances for	tax year 2014 wi rs should claim pouse, your chi	II differ from p zero (0) allowa	revious year ances. Additi	s. Most taxpaye onally, you are	ers will not be enti no longer allowed	hanges, how you deter tled to as many allowa to claim a N.C. withho	inces,
<ul> <li>Plan to claim no ta</li> <li>Prefer not to comp</li> <li>Qualify to claim ex</li> </ul>	I.C. standard deducti x credits or only the lete the extended Fo empt status (See lin Form NC-4, if you pla	credit for children rm NC-4 e 3 or 4 below)		ions, federal a	djustments to inc	come, or N.C. dedu	ctions.	
amount of income, a	claim the credit for cl and number of childre ance for the credit fo	en under age 17 t	o (0) on line 1. I to determine the	f you plan to c e number of a	claim the credit fo Illowances to ent	or children, use the t er on line 1. For m	table below for your filing arried taxpayers, only 1	statu: spous
Single & Mar	ried Filing Separate	ly Marr	ied Filing Join	tly & Qualifyi	ng Widow(er)	He	ad of Household	
Income #	of Children under a	ige 17	ncome #	of Children u	inder age 17	Income	# of Children under	age 1
1	2 3 4 5 6 7 8		1		6 7 8 9 10		1 2 3 4 5 6 7 8	
0-20,000 0	# of Allowances		-40,000 0	# of Allow		0-32,000	# of Allowances	
·	1 2 2 3 4 4 5		01-100,000 0			·	0 1 2 2 3 4 4 5	
1. Total number	of allowances you a	are claiming for 2	<b>2015</b> (Enter ze	ero (0), or the	number of allowa	ances from the table	e above)	
2. Additional am	ount, if any, withhe	ld from each pay	y period (Ente	r whole dollar	s)	_		.00
<ul> <li>Last year I v</li> </ul>	am exempt from No vas entitled to a reful 2014, I expect a refu	nd of all State inc	ome tax withhe	eld because I h	nad no tax liabilit	y; and	Check Here	;
of the Military	am exempt from Nor y Spouses Residen	cy Relief Act and	d I am legally o	domiciled in t		Enter state of domicil	e)Check Here	
If line 3 or line	4 above applies to y	ou, enter the eff	ective year 20	015				
	no longer meet the					heck applicable bo	Chook Horo	, $\sqcap$
	evoke my exemption owances entered on				orth Carolina in	come tax based o	n the Check Here	' <u> </u>
CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.								
Employee's Sign	ature					Date		

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.