

# NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total **IVVO OK MORE JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax intérest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER) - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- Your home is maintained as the main household of a child or stepchild 1. for whom you can claim a federal exemption; and
- You were entitled to file a joint return with your spouse in the year of 2. your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

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.

| Cut here and give   | e this certificate to you<br>— — — — — — | r employer. | Keep the top portion for y | vour records.         |                                   |
|---|--|-------------|----------------------------|-----------------------|-----------------------------------|
|   | <b>s Withholdiı</b><br>rth Carolina Dej  | -           | wance Certin               | ficate                |                                   |
| <ol> <li>Total number of allowances you are claiming<br/>(Enter zero (0), or the number of allowances fro</li> <li>Additional encount if any withheld from account</li> </ol> | m Page 2, line 16 of t                   |             | ,                          |                       |                                   |
| 2. Additional amount, if any, withheld from eac   | n pay period (Enter                      | whole dolla | (5)                        |                       |                                   |
| Social Security Number  | Marital Status ——<br>Single              | (           | Head of Household          | O Married or Quali    | fying Widow(er)                   |
| First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)  | M.I.                                     | Last Na     | ame                        |                       |                                   |
| Address   | <u></u>                                  | <u> </u>    |                            |                       | County (Enter first five letters) |
| City  |  | State       | Zip Code (5 Digit)         | Country (If not U.S.) | · · · · · · · · · ·               |
|   |  | <u> </u>    | <u> </u>                   | · · · · · · ·         |                                   |
| Employee's Signature  |  |             |                            | Date                  |                                   |

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

Date

Answer all of the following questions for your filing status.

#### Single -

| <ol> <li>Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$10,249?</li> <li>Will you have adjustments or deductions from income from Page 3, Schedule 2?</li> <li>Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4?</li> </ol>                                       |     |  | No □<br>No □ |  |  |  |  |
|---|-----|--|--------------|--|--|--|--|
|   |     |  | No 🗆         |  |  |  |  |
| If you answered "No" to all of the above, <b>STOP HERE</b> and enter <b>ZERO (0)</b> as total allowances on Form NC-4, Line 1.<br>If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for<br>additional allowances. Otherwise, enter <b>ZERO (0)</b> on Form NC-4, Line 1. |     |  |              |  |  |  |  |
|   |     |  |              |  |  |  |  |
| Married Filing Jointly -  |     |  |              |  |  |  |  |
| 1. Will your N.C. itemized deductions from Page 3. Schedule 1 exceed \$17,999?  | Yes |  | No 🗆         |  |  |  |  |

|    | Will you have adjustments or deductions from income from Page 3, Schedule 2?<br>Will you be able to claim any N.C. tax credits or tax credit carryovers from | Yes | No 🗆 |
|----|--|-----|------|
|    | Page 4, Schedule 4?  | Yes | No 🗆 |
| 4. | Will your spouse receive combined wages and taxable pensions of less than \$5,250 or only retirement benefits not subject to N.C. income tax?                | Yes | No 🗆 |

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

| Ν  | Iarried Filing Separately -  |     |    |  |
|----|--|-----|----|--|
| 1  | . Will your portion of N.C. itemized deductions from Page 3, Schedule 1 exceed \$10,249?   | Yes | No |  |
| 2  | 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?  | Yes | No |  |
| 3  | <ol><li>Will you be able to claim any N.C. tax credits or tax credit carryovers from</li></ol>   |     |    |  |
|    | Page 4, Schedule 4?  | Yes | No |  |
| lf | f you answered "No" to all of the above, <b>STOP HERE</b> and enter <b>ZERO (0)</b> as total allowa<br>f you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to<br>additional allowances. Otherwise, enter <b>ZERO (0)</b> on Form NC-4, Line 1. |     | ,  |  |

| Head of Household-   |     |      |
|--|-----|------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$14,899?   | Yes | No 🗆 |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?  | Yes | No 🗆 |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from  |     |      |
| Page 4, Schedule 4?  | Yes | No 🗆 |
| If you answered "No" to all of the above, <b>STOP HERE</b> and enter <b>ZERO (0)</b> as total allow<br>If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II<br>additional allowances. Otherwise, enter <b>ZERO (0)</b> on Form NC-4, Line 1. |     |      |

## NC-4 Allowance Worksheet

|     | Qualifying Widow(er) -  |     |              |
|-----|---|-----|--------------|
|     | <ol> <li>Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$17,999?</li> <li>Will you have adjustments or deductions from income from Page 3, Schedule 2?</li> <li>Will you be able to claim any N.C. tax credits or tax credit carryovers from</li> </ol>     |     | No 🗆<br>No 🗆 |
|     | Page 4, Schedule 4?   Yes   |     | No 🗆         |
|     | If you answered "No" to all of the above, <b>STOP HERE</b> and enter <b>THREE (3)</b> as total allowances of If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you allowances. Otherwise, enter <b>THREE (3)</b> on Form NC-4, Line 1. |     |              |
|     | NC-4 Part II  |     |              |
| 1.  | Enter your total estimated N.C. itemized deductions from Page 3, Schedule 1   | 1.  | \$.          |
| 2.  | Enter the applicable<br>N.C. standard deduction<br>based on your filing status.   | 2.  | \$           |
| 3.  | Subtract line 2 from line 1. If line 1 is less than line 2, enter ZERO (0)  | 3.  | \$           |
| 4.  | Enter an estimate of your total federal adjustments to income and State deductions from federal adjusted gross income from Page 3, Schedule 2   |     |              |
| 5.  | Add lines 3 and 4   | 5.  | \$           |
| 6.  | Enter an estimate of your nonwage income (such as dividends or interest)6.  |     |              |
| 7.  | Enter an estimate of your State additions to federal adjusted gross   |     |              |
| 8.  | Add lines 6 and 7   | 8.  | \$           |
| 9.  | Subtract line 8 from line 5 (Do not enter less than zero)   | 9.  | <u>\$</u> .  |
| 10. | Divide the amount on line 9 by \$2,500 . Round down to whole number<br>Ex. \$3,900 ÷ \$2,500 = 1.56 rounds down to 1  | 10. |              |
| 11. | Enter the amount of your estimated N.C. tax credits from Page 4, Schedule 411   |     |              |
| 12. | Divide the amount on line 11 by \$146. Round down to whole number<br>Ex. \$200 ÷ \$146 = 1.37 rounds down to 1  | 12. |              |
| 13. | If filing as single, head of household, or married filing separately, enter zero (0) on this line.<br>If filing as qualifying widow(er), enter 3.<br>If filing as married filing jointly, enter the appropriate number from either (a), (b), (c), or (d) below.                 |     |              |
|     | (a) Your spouse expects to have zero wages and expects to receive retirement benefits that will all be nontaxable<br>for N.C. purposes, enter 3. (Nontaxable retirement benefits include: <i>Bailey</i> , Social Security, and Railroad<br>retirement)                          |     |              |
|     | <ul> <li>(b) Your spouse expects to have combined wages and taxable pensions of more than \$1, but less than \$2,750, enter 2.</li> </ul>   |     |              |
|     | (c) Your spouse expects to have combined wages and taxable pensions of more than \$2,750 but less than<br>\$5,250, enter 1.   |     |              |
|     | <ul> <li>Your spouse expects to have combined wages and taxable pensions of more than<br/>\$5,250, enter 0</li> </ul>   | 13. |              |
| 14. | Add lines 10, 12, and 13, and enter the total here  | 14. |              |
| 15. | If you completed this worksheet on the basis of married filing jointly, the total number of allowances determined<br>on line 14 may be split between you and your spouse, however, you choose. Enter the number of allowances<br>from line 14 that your spouse plans to claim   | 15. |              |
| 16. | Subtract line 15 from line 14 and enter the total number of allowances here and on line 1 of your   |     |              |
|     | Form NC-4, Employee's Withholding Allowance Certificate   | 16. |              |

## **NC-4 Allowance Worksheet Schedules**

Important: If you cannot reasonably estimate the amount to enter in the schedules below, you should enter ZERO (0) on line 1, NC-4.

| Schedule 1   |                               |                           |
|--|-------------------------------|---------------------------|
| Estimated N.C. Itemized I  | Deductions                    |                           |
| Qualifying mortgage interest   | <u>\$</u>                     |                           |
| Real estate property taxes<br>Total qualifying mortgage interest and real estate property taxes*   | φ                             | \$                        |
| Charitable Contributions (Same as allowed for federal purposes)  |                               | \$<br>\$<br>\$            |
| Medical and Dental Expenses (Same as allowed for federal purpose   | <u>es)</u>                    | \$                        |
| Total estimated N.C. itemized deductions. Enter on Page 2, Part II,  |                               | \$                        |
| ······································   |                               | <u> </u>                  |
| *The sum of your qualified mortgage interest and real estate pro taxpayers, the \$20,000 limitation applies to the combined total of taxes claimed by both spouses, rather than to each spouse separat | qualified mortgage interest a |                           |
| Schedule 2   |                               |                           |
| Estimated Federal Adjustme   | ents to Income                |                           |
| Federal adjustments to income are the amounts that are deducte Adjustments to income may include:  | d from total income claimed   | l on your federal return. |
| Health savings account deduction   | \$                            |                           |
| Moving expenses  | \$                            |                           |
| Alimony paid   | <u> </u>                      |                           |
| IRA deduction  | <u>\$</u>                     |                           |
| Student loan interest deduction  | \$                            |                           |
| Certain business expenses of reservists, performing artist,  |                               |                           |
| and fee-basis governmental officials   | \$.                           |                           |
| Total Federal Adjustments to Income  |                               | \$                        |
| Estimated State Deductions<br>Adjusted Gross Income to Conside   |                               |                           |
| 20% of prior bonus depreciation addback  | \$.                           |                           |
| 20% of prior section 179 addback   | \$                            |                           |
| Amount by which North Carolina basis of property exceeds   |                               |                           |
| federal basis of property - in year taxpayer disposes of property  | \$                            |                           |
| Total State Deductions from Federal Adjusted Gross Income  |                               | \$                        |
| (Do not consider any amount of the portion of Bailey Retiremen<br>Benefits, Social Security Benefits, or Railroad Retirement Bene<br>included in Adjusted Gross Income.)                               |                               |                           |
| Total Federal Adjustments to Income and State Deductions from Fe<br>Gross Income. Enter on Page 2, Part II, Line 4   | deral Adjusted                | <u>\$</u>                 |
| Schedule 3   |                               |                           |
| Estimated State Additions<br>Adjusted Gross Income to Conside  |                               |                           |
|  |                               |                           |
| Shareholder's share of built-in gains tax that the S corporation paid for  | federal income tax nurnoses   | \$                        |
| Amount by which federal basis of property exceeds NC basis of pro  |                               | <u>Ψ</u>                  |
| disposes of property   | porty in your taxpayor        | \$.                       |
| Amount of gross income from domestic production activities that a t  | axpaver excludes              | <u> </u>                  |
| from gross income under section 199 of the Internal Revenue Code   |                               | \$                        |
| Total State Additions to Federal Adjusted Gross Income. Enter on F   |                               | \$.                       |
| -  |                               |                           |

## NC-4 Allowance Worksheet Schedules

| Tax Credit for Income Taxe  | es Paid to Other States by Individuals  |                    | \$                                    |                 |              |
|-----------------------------|---|--------------------|---------------------------------------|-----------------|--------------|
| for each dependent child u  | a federal child tax credit under section<br>nless adjusted gross income exceeds<br>only for a child who is under 17 years o | the threshold a    | mount shown below.                    | owed a t        | ax cred      |
| Filing Status               | Adjusted Gross Income   | No. of<br>Children | Credit Amount per<br>Qualifying Child | Estin<br>Cre    |              |
| Single                      | Up to \$20,000  |                    | \$125                                 | \$              |              |
| 0                           | Over \$20,000 and up to \$50,000  |                    | \$100                                 | <u>\$</u><br>\$ |              |
|                             | Over \$50,000   |                    | \$0                                   | \$              |              |
| Married Filing Jointly or   | Up to \$40,000  |                    | \$125                                 | \$              |              |
| Qualifying Widow(er)        | Over \$40,000 and up to \$100,000   |                    | \$100                                 | \$              |              |
|                             | Over \$100,000  |                    | \$0                                   | \$              |              |
| Head of Household           | Up to \$32,000  |                    | \$125                                 | \$              |              |
|                             | Over \$32,000 and up to \$80,000  |                    | \$100                                 | \$              |              |
|                             | Over \$80,000   |                    | \$0                                   | \$              | •            |
| Married Filing Separately   | Up to \$20,000  |                    | \$125                                 | \$              |              |
|                             | Over \$20,000 and up to \$50,000  |                    | \$100                                 | \$              |              |
|                             | Over \$50,000   |                    | \$0                                   | \$              | •            |
|                             | Additional Tax Credits a  | nd Carryovers      | 6                                     |                 |              |
| G S 105-129 35 Credit fo    | r Rehabilitating Income-Producing Hist  | oric Structure     | \$                                    |                 |              |
|                             | r Rehabilitating Nonincome Producing  |                    | ıre _\$                               |                 | - <u>-</u> - |
|                             | r Income Producing Rehabilitated Mill F   |                    | ιις <u>ψ</u><br>\$                    |                 | - <u>-</u>   |
|                             | r Non-income Producing Rehabilitated  | 1 3                | \$                                    |                 |              |
|                             | r Constructing a Railroad Intermodal Fa   |                    | \$                                    |                 |              |
|                             | or Rehabilitating Income-Producing His  | -                  | \$                                    |                 |              |
|                             | or Rehabilitating Nonincome-Producing   |                    |                                       |                 |              |
| Tax Credit Carryover from   |   | -                  | \$                                    |                 | •            |
|                             |   |                    |                                       |                 |              |
| Takal Taxa One alter and LO | overs. Enter on Page 2, Part II, Line 1   | 4                  | _\$                                   |                 |              |

### Multiple Jobs Table

Find the amount of your estimated annual wages from your lowest paying job(s) in the left hand column. Follow across to find the amount of additional tax to be withheld for each pay period. Enter the additional amount to be withheld on line 2 of your **Form NC-4**.

| Estimated | Annual Wages  |         | Payroll Per | iod      |        |
|-----------|---------------|---------|-------------|----------|--------|
| At Least  | But Less Than | Monthly | Semimonthly | Biweekly | Weekly |
| 0         | 1000          | 2       | 1           | 1        | 1      |
| 1000      | 2000          | 7       | 4           | 3        | 2      |
| 2000      | 3000          | 12      | 6           | 6        | 3      |
| 3000      | 4000          | 17      | 9           | 8        | 4      |
| 4000      | 5000          | 22      | 11          | 10       | 5      |
| 5000      | 6000          | 27      | 13          | 12       | 6      |
| 6000      | 7000          | 32      | 16          | 15       | 7      |
| 7000      | Unlimited     | 38      | 19          | 17       | 9      |

#### Additional Withholding for Single, Married, or Qualifying Widow(er) with Multiple Jobs

#### Additional Withholding for Head of Household Filers with Multiple Jobs

| Estimated | Annual Wages  |         | Payroll Per | iod      |        |
|-----------|---------------|---------|-------------|----------|--------|
| At Least  | But Less Than | Monthly | Semimonthly | Biweekly | Weekly |
| 0         | 1000          | 2       | 1           | 1        | 1      |
| 1000      | 2000          | 7       | 4           | 3        | 2      |
| 2000      | 3000          | 12      | 6           | 6        | 3      |
| 3000      | 4000          | 17      | 9           | 8        | 4      |
| 4000      | 5000          | 22      | 11          | 10       | 5      |
| 5000      | 6000          | 27      | 13          | 12       | 6      |
| 6000      | 7000          | 32      | 16          | 15       | 7      |
| 7000      | 8000          | 37      | 18          | 17       | 8      |
| 8000      | 9000          | 41      | 21          | 19       | 10     |
| 9000      | 10000         | 46      | 23          | 21       | 11     |
| 10000     | 11000         | 51      | 26          | 24       | 12     |
| 11000     | 12000         | 56      | 28          | 26       | 13     |
| 12000     | Unlimited     | 60      | 30          | 28       | 14     |