

NCDOR | NC-4EZ Employee's Withholding Allowance Certificate

Social Security Number	Marital Status			
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	Single M.I.	Head of Household Last Name	. Married or Surviving Spo	use
Address			Сс	ounty (Enter first five letters)
City		State Zip Code (5 Digit)	Country (If not U.S.)	
ORM NC-4EZ: Please use this form if you: Plan to claim the N.C. standard deduction				
Plan to claim no tax credits or only the credit for ch Prefer not to complete the extended Form NC-4 Qualify to claim exempt status <i>(See lines 3 or 4 be</i>				
nportant: If you are a nonresident alien you mu				
ou may complete Form NC-4, if you plan to claim N you do not plan to claim the credit for children, ente				ow for your filing state
you do not plan to claim the credit for children, effe nount of income, and number of children under ag ay claim the allowance for the credit for each child	e 17 to determine th	e number of allowances to ente	r on line 1. For married tax	kpayers, only 1 spous
Single & Married Filing Separately		ointly & Surviving Spouse	Head of H	
Income # of Children under age 17		of Children under age 17		Children under age
1 2 3 4 5 6 7 8 9 10	1	2 3 4 5 6 7 8 9 10		8 4 5 6 7 8 9 ⁴ FofAllowances
# of Allowances 0-20,000 0 1 2 3 4 5 6 7 8 8	0-40,000 0	# of Allowances 1 2 3 4 5 6 7 8 8		2 3 4 5 6 7 8
20,001-50,000 0 1 2 2 3 4 5 5 6 7	40,001-100,000 0	1 2 2 3 4 5 5 6 7	32,001-80,000 0 1 2	2 2 3 4 5 5 6
Total number of allowances you are claimin	g (Enter zero (0), o	r the number of allowances fror	n the table above)	
2. Additional amount, if any, withheld from each	ch pay period <i>(Ent</i>	er whole dollars)		
 I certify that I am exempt from North Carolii Last year I was entitled to a refund of all Sta This year, I expect a refund of all State incom 	te income tax withh	eld because I had no tax liability	/; and	Check Here
4. I certify that I am exempt from North Carolina of the Military Spouses Residency Relief A	withholding becau ct and I am legally	se I meet the requirements domiciled in the state of	nter state of domicile)	Check Here
If line 3 or line 4 above applies to you, enter t	he effective year 2	.0		
5. I certify that I no longer meet the requireme	nts for exemption	on line 3 or line 4 (C	heck applicable box)	_
Therefore, I revoke my exemption and requinumber of allowances entered on line 1 and	est that my employ I any amount enter	ver withhold North Carolina in red on line 2.	come tax based on the	Check Here
CAUTION: If you furnish an employer with	an Employee's Wi	thholding Allowance Certifica	ite that contains informa en withheld had you fun	tion which has no nished reasonable
reasonable basis and results in a lesser am information, you are subject to a penalty of 5	ount of tax being 60% of the amount	not properly withheld.		