

Employee's Signature

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

Filing Status (Mark one box only) Single or Married Filing Separately		☐ Head of Household ☐ Married Filing Jointly or Surviving Spouse					use	
Social Security Number								
First Name	M.I.	Last Name						
Address					(County (Enter first five	e (effers)	
City			State	Zip Code	Country	(If not U.S.)		
Instructions. Use Form NC-4EZ if you: Plan to claim the N.C. Standard Deduction Plan to claim the N.C. Child Deduction Amo Do not plan to claim N.C. tax credits Prefer not to complete the extended Form N Qualify to claim exempt status (See Lines 3 Important. If you plan to claim N.C. itemized of must complete Form NC-4. If you are a nonresicitizen) who has not passed the green card test on the green card test and the substantial present you plan to claim the N.C. Child Deduction Amo	IC-4 or 4 below) deductions or plan to cl dent alien, you must co or the substantial prese ence test.) bunt, use the table belo	laim other N.C. deductions of the complete Form NC-4 Nence test. (See Public ow for your filing statu	RA. In ge cation 519	neral, a nonreside , U.S. Tax Guide for t of income, and n	ent alien is an or Aliens, for number of ch	n alien (not a more inform	d Ú.S. nation	
o determine the number of allowances to enter or Amount for each child. Single & Married Filing Separately					nce for the N		duction	
Income # of Children under age 17	AND DESCRIPTION OF PARTY AND PARTY.	Married Filing Jointly & Surviving Spouse Income # of Children under age 17			Income # of Children under age 17			
1 2 3 4 5 6 7 8 9 10	RESIDENTIAL SERVICE HAS	2 3 4 5 6 7 8				5 6 7 8	TO THE REAL PROPERTY.	
# of Allowances		# of Allowances	ASSE		# of #	Allowances	TA DE	
0-20,000 1 2 3 4 5 6 7 8 9 10 20,001-30,000 0 1 2 3 4 4 5 6 7 8 30,001-40,000 0 1 1 2 3 3 4 4 5 6 40,001-50,000 0 0 1 1 2 2 2 3 3 4 50,001-60,000 0 0 0 0 1 1 1 1 1 2 60,001 and over 0 0 0 0 0 0 0 0 0	40,001 - 60,000 0 60,001 - 80,000 0	1 1 2 3 3 4 4 0 1 1 2 2 2 3 0 0 0 1 1 1 1	7 8 5 6 3 4 1 2	0 - 30,000 30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 and over	0 1 1 2 0 0 1 1 0 0 0 0	1 1 1 1	9 10 7 8 5 6 3 4 1 2 0 0	
1. Total number of allowances you are claim	ning (Enter zero (0), or	the number of allowa	ances fron	n the table above)				
2. Additional amount, if any, you want withh	eld from each pay per	riod (Enter whole do	llars)				.00	
I certify that I am exempt from North Card Last year I was entitled to a refund of all S This year, I expect a refund of all State income.	State income tax withhe	eld because I had no t	ax liability	; and		Check Here		
4. I certify that I am exempt from North Caroli Military Spouses Residency Relief Act an				Carolina. (Ente	er state of omicile)	Check Here	: 🗆	
If an exemption on Line 3 or Line 4 applies	to you, enter the year t	the exemption becan	ne effectiv	/e				
5. I certify that I no longer meet the requiren	nents for an exemptio	on on Line 3 🔲 or L	ine 4 🗌	(Check applicat				
Therefore, I revoke my exemption and req number of allowances entered on Line 1 a				come tax based	on the	Check Here	. 🗆	
CAUTION: If you furnish an employer with an basis and results in a lesser amount of tax bare subject to a penalty of 50% of the amount	being withheld than w	rould have been with						