K-4

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The following instructions will assist you in completing the worksheet and K-4 form below. After you have completed the K-4 form, detach it and give it to your employer. For assistance with this form, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: To qualify for exempt status you must, 1) Verify with KDOR that last year you had the right to a refund of all STATE income tax withheld because you

had <u>no</u> tax liability; 2) Verify with KDOR that this year you will receive a full refund of <u>all</u> STATE income tax withheld because you will have <u>no</u> tax liability.

Notes: Your status of "Single" or "Joint" may differ from your status claimed on your Federal Form W-4. Claiming more than the proper amount may result in taxes owed when filing your state income tax.

Basic Instructions: If you are not exempt, complete the Personal Allowances Worksheet below. The allowances claimed on this form should <u>not</u> exceed that claimed under "Exemptions" on your Kansas income tax return. To avoid owing taxes when you file, follow the suggested allowance rate selection on line A below. This form must be

filed with your employer; otherwise, your employer must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payment using form K-40ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax when filing your state income tax return.

all S	TATE income tax withheld because you selection on line A					
	Personal Allowance Worksh	eet (Keep for y	our records)			
A /	Allowance Rate: If you are a single filer mark "Single" If you are married and <u>your spouse</u> has <u>income</u> mark "Sin	gle"	☐ Single	0	Joint	
	If you are married and your spouse does not work mark "J Enter "0" or "1" if you are married or single and no one else one pour avoid having too little tax withheld)	can claim you as	•••••		. В	
	Enter "0" or "1" if you are married and only have one job, and your spouse <u>does not</u> work (entering "0" may nelp you avoid having too little tax withheld)				. c	
D	Enter "1" if you will file head of household on your tax return (see conditions under "Head of household" above) D					
E	Enter the number of dependents you will claim on your tax return. <u>Do not</u> claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4.				. Е	
	Enter "1" if you have at least \$1,500 of child or dependant care expenses for which you plan to claim a credit and your household income is below \$50,000					
G	Add lines B through F and enter the total here				G	
(9/0	Cut here and give this K-4 form to your Kansas Employee's With Whether you are entitled to claim a certain nur subject to review by KDOR. Your employer m	holding Allo	owance Certific	ate hholding is to KDOR.		
1	Print your first name and middle initial	Last Name		2 Social Security Number		
	Mailing Address	SS		Allowance Rate Mark the allowance rate selected in line A above.		
	City or Town, State, and ZIP Code		☐ Single		☐ Joint	
4	Total number of allowances you are claiming (from line G above)					
5	Enter any additional amount you want withheld from each paycheck (this is optional)				\$	
6	I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line					
	der penalties of perjury, I declare that I have examined this certificat	te and to the best o		ief it is true, co	orrect, and complete.	
HI	SIGN HERE BEIN/Fmo			N (Employer l	dentification Numbe	
7	Employer's name and address		O LII	4 (Employer		