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## REVENUE

## 2024 IA W-4

## **Employee Withholding Allowance Certificate**

tax.iowa.gov

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days. Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other ☑ Head of Household □	<b>,</b>	loes your spouse also have ed income? Yes □ No □
Print your full name:	Social Security Number:	
Home address:		
City:	State:	ZIP:
Exemption from withholding  If you do not expect to owe any lowa income tax and ha "EXEMPT" here	ve a right to a full refund of ALL	
Nonresidents may not claim this exemption. Check this box if you are claiming an exemption from low. Residency Relief Act of 2009 or the Veterans Benefits ar	nd Transition Act of 2018	
If claiming the military spouse exemption, enter your state of the state of the following:	e of domicile or residence here	
<ol> <li>Personal allowances. See instructions</li> <li>Allowances for dependents. You may claim \$40 for example.</li> </ol>	each dependent you	
claim on your lowa income tax return		· · · · · · · · · · · · · · · · · · ·
<ol> <li>Allowances for itemized deductions. See instructions</li> <li>Allowances for adjustments to income. Estimate allo payments such as an IRA, Keogh, or SEP; penalty and student loan interest, which are reflected on the by 15, round to the nearest whole dollar, and enter or</li> </ol>	owable adjustments to income foon early withdrawal of savings; a IA 1040. Divide this amount	or
5. Allowances for child and dependent care credit. See	instructions	5.\$
6. Total allowances. Add lines 1 through 5		
7. Additional amount, if any, you want deducted each p I, the undersigned, declare under penalties of perjury o best of my knowledge and belief, it is true, correct, and of	r false certificate, that I have ex	·
Employee signature:	Date:	
<b>Employers:</b> The employer must maintain records of the when wages are expected to exceed \$200 per week, co to: <b>Compliance Services, lowa Department of Revenue</b>	omplete the information below a	nd within 90 days send a copy
Employer name:		
Federal Employer Identification Number (FEIN):		
Employer address:		
City:	State:	ZIP:

Questions about lowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

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