

## KANSAS EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, 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 no tax liability; and 2) verify with KDOR that this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete lines A through F of the Personal Allowances Worksheet. The total amount on line F should not exceed the amount you claim under "Exemptions" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet** that follows, complete the **K-4** form below, sign it and file it with your employer. If your employer

does not receive a K-4 form from you, they 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 payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

|  | Personal Allowance Works   | sheet (Keep f      | or your records)  |                         |                     |
|--|--|--------------------|---|-------------------------|---------------------|
| Allowance F  | Rate:  |                    |   |                         |                     |
| If you ar  | e a single filer mark "Single"<br>e married and your spouse has income mark "a<br>e married and your spouse does not work mark |                    | ☐ Single  |                         | Joint               |
| Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld)                                    |  |                    |   |                         | В                   |
| Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld)                                      |  |                    |   |                         | C                   |
| Enter "2" if you will file head of household on your tax return (see conditions under "Head of household" above)   |  |                    |   |                         | D                   |
| Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4.                   |  |                    |   |                         | E                   |
| Add lines B through E and enter the total here   |  |                    |   |                         | F                   |
| <b>&lt;-4</b>  | Kansas Employee's Wit  | hholding Al        | lowance Certificat  | te                      | ds.<br>- — — — — —  |
| Rev. 9/12)   | Whether you are entitled to claim a certain n<br>subject to review by KDOR. Your employer                                      | may be required t  | o send a copy of this form  | nnolaing is<br>to KDOR. |                     |
| Print your   | rint your first name and middle initial Last Name  |                    | 2 Social Security Number  |                         |                     |
| Mailing Address  |  |                    | Allowance Rate     Mark the allowance rate selected in line A above |                         |                     |
| City or Toy  | ın, State, and ZIP Code  |                    | iviark trie allowarii   | de rate selec           | ited in line A abov |
| ony or rown, orang and an orang  |  |                    | ☐ Single  | ☐ Joint                 |                     |
| 4 Total number of allowances you are claiming (from line F 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 |  |                    |   |                         |                     |
|  | of perjury, I declare that I have examined this certification  | cate and to the be | st of my knowledge and be   | elief it is true, o     | correct, and compl  |
| SIGN<br>HERE   |  |                    | DATE  |                         |                     |
| 7 Employer's   | s name and address   |                    | 8 FIN   | (Employer Ide           | entification Numb   |