



## Form NC-4 EZ Instructions

**Purpose of form:** Form NC-4 EZ is used to withhold the correct amount of State income tax from your pay.

### Instructions

1. Write the Attendant's Social Security number and marital status (single, head of household or married or qualifying widow(er)).
2. In CAPITAL LETTERS, write the Attendant's name, address, county, city, state and zip code.
3. For line 1, write the number of allowances the Attendant is claiming for the year.
  - a. Write zero or the number of allowances from the table above.
4. Optional: For line 2, write any additional amount to be withheld from each pay period in whole dollars.
5. For lines 3, 4 and 5, fill out the information regarding North Carolina withholding exemption.
6. The Attendant signs his or her name and writes today's date.



Choice. With Confidence.

### Sample Form NC-4 EZ

Web 12-14

## NC-4EZ Employee's Withholding Allowance Certificate

**Social Security Number**      **Marital Status**

XXX - XX - XXXX      Single      Head of Household       Married or Qualifying Widow(er)

**First Name** (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)      **M.I.**      **Last Name**

JANE      A      DOE

**Address**      **County** (Enter first five letters)

1234 MAIN STREET      WAKE

**City**      **State**      **Zip Code** (5 Digit)      **Country** (If not U.S.)

RALEIGH      NC      XXXXX

1. Write Social Security number and marital status.

2. In CAPITAL LETTERS, write name and address.

1. **Total number of allowances you are claiming** (Enter zero (0), or the number of allowances from the table above)      1

2. **Additional amount, if any, withheld from each pay period** (Enter whole dollars)      .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:  
 • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and  
 • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability      Check Here

4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of \_\_\_\_\_ (Enter state of domicile)      Check Here   
 If line 3 or line 4 above applies to you, enter the effective year 20 \_\_\_\_\_

5. I certify that I no longer meet the requirements for exemption on line 3  or line 4  (Check applicable box)  
 Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2.      Check Here

**CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.**

**Employee's Signature**      **Date**      MM/DD/YYYY

*I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.*

3. Write number of allowances.

4. Optional: Write additional amount to be withheld (if any).

5. For 3, 4 and 5, fill out North Carolina withholding exemption information.

6. Attendant signs and dates.