

KENTUCKY DEPARTMENT OF REVENUE  
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. \_\_\_\_\_

Print Full Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Print Home Address \_\_\_\_\_

**EMPLOYEE:**

File this form with your employer. Otherwise, Kentucky income tax must be withheld from your wages.

**EMPLOYER:**

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" \_\_\_\_\_
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
  - (a) If you claim both of these exemptions, enter "2" \_\_\_\_\_
  - (b) If you claim one of these exemptions, enter "1" \_\_\_\_\_
  - (c) If you claim neither of these exemptions, enter "0" \_\_\_\_\_
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
  - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" \_\_\_\_\_
  - (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" \_\_\_\_\_
4. If you claim exemptions for one or more dependents, enter the number of such exemptions \_\_\_\_\_
5. National Guard exemption (see instruction 1) \_\_\_\_\_
6. Exemptions for Excess Itemized Deductions (Form K-4A) \_\_\_\_\_
7. Add the number of exemptions which you have claimed above and enter the total \_\_\_\_\_
8. Additional withholding per pay period under agreement with employer. See instruction 1 ..... \$ \_\_\_\_\_

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_

Signed \_\_\_\_\_