

TO BE COMPLETED BY THE EMPLOYER
within 15 days of hire. Please Print or Type.

...or mail this portion of the page to Centralized Employee Registry, PO Box 10322, Des Moines IA 50306-0322; **or fax** to 1-800-759-5881.

FEIN Required

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Telephone Number: (____) ____ - _____

Name: _____

Address: _____

City: _____ State:

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 ZIP:

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A. Is dependent health care coverage available? Yes ☐ or No ☐

B. Approximate date this employee qualifies for coverage:

MM		DD		YYYY					

C. Employee start date:

MM		DD		YYYY			

D. Address where income withholding and garnishment orders should be sent, if different than above address.

Address: _____

City: _____ State:

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 ZIP:

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Employee's Date of Birth:

MM		DD		YYYY	

 Employee's Social Security Number:

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Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ ZIP: _____



www.iowa.gov/tax

2012 IA W-4

Employee Withholding Allowance Certificate

To be completed by the employee

Marital status: ☐ Single ☐ Married (If married but legally separated, check Single.)

Print your full name _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

EXEMPTION FROM WITHHOLDING. If you do not expect to owe any Iowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: _____ and the year effective here: _____. **Nonresidents may not claim this exemption.**

☐ Check this box if you are claiming exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009.

If claiming the military spouse exemption, enter your state of domicile here: _____

IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

- | | |
|---|----------|
| 1. Personal allowances | 1. _____ |
| 2. Allowances for dependents | 2. _____ |
| 3. Allowances for itemized deductions | 3. _____ |
| 4. Allowances for adjustments to income | 4. _____ |
| 5. Allowances for child and dependent care credit | 5. _____ |
| 6. Total allowances. Add lines 1 through 5. | 6. _____ |
| 7. Additional amount, if any, you want deducted each pay period | 7. _____ |

I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employee Signature: _____

Date: _____

Employers: Detach this part and keep in your records unless more than 22 withholding allowances are claimed. If more than 22 allowances are claimed, complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form.

Employer's name / address: _____
FEIN: _____