(Rev. 10/13)

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 Kansas withholding: To qualify for exempt status you must verify with KDOR that: 1) last year you had the right to a refund of <u>all</u> STATE income tax

7 Employer's name and address

withheld because you had <u>no</u> tax liability; and **2**) this year you will receive a full refund of <u>all</u> STATE income tax withheld because you will have <u>no</u> tax liability.

Basic Instructions: If you are not exempt, complete the Personal Allowance Worksheet that follows. The total on line F should <u>not</u> exceed the total exemptions you claim under "Exemptions and Dependents" 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**, complete the K-4
form below, sign it and provide it to 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.

8 EIN (Employer Identification Number)

A	Personal Allowance Worksheet (Keep for your records)		_			
	Allowance Rate: If you are a single filer mark "Single"			A		Single
	If you are married and your spouse has income mark "Single"					Joint
	If you are married and your spouse does not work mark "Joint"					
	If in a same-sex relationship and considered married by the laws of another state r	mark '	'Sin	igle"		
3	Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering help you avoid having too little tax withheld)	g "0" ı	may	/ B	_	
;	Enter "0" or "1" if you are married and only have one job, and your spouse <u>does</u> <u>not</u> work (entering "0 you avoid having too little tax withheld)	" may	he	lp C	_	
)	Enter "2" if you will file head of household on your tax return (see conditions under Head of household	ld abo	ve)	D		
Ē	Enter the number of dependents you will claim on your tax return. <u>Do not</u> claim yourself or your s dependents that your spouse has already claimed on their form K-4.	pouse	e or	E	_	
=	Add lines B through E and enter the total here			F		0
_	Kansas Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemptions from withholding subject to review by KDOR. Your employer may be required to send a copy of this form to light	olding	is			
4				Securi	lv Nu	mber
1				Securi	ty Nu	mber
1				Securi	ty Nu	mber
1	Print your first name and middle initial Last Name 2	2 So	cial			
1	Print your first name and middle initial Mailing Address Last Name 2 Allowance Rate	2 So	cial		line A	
	Print your first name and middle initial Mailing Address 3 Allowance Rate Mark the allowance City or Town, State, and ZIP Code	2 So	cial	cted in	line A	
4 5	Print your first name and middle initial Mailing Address Allowance Rate Mark the allowance City or Town, State, and ZIP Code Total number of allowances you are claiming (from line F above)	2 So	cial	cted in	line A	
4	Print your first name and middle initial Mailing Address Allowance Rate Mark the allowance City or Town, State, and ZIP Code Total number of allowances you are claiming (from line F above) Enter any additional amount you want withheld from each paycheck (this is optional)	rate s	cial	cted in	line A	
4 5 6	Print your first name and middle initial Mailing Address Mailing Address City or Town, State, and ZIP Code Total number of allowances you are claiming (from line F above) Enter any additional amount you want withheld from each paycheck (this is optional) I claim exemption from withholding. You must meet the conditions explained in the "Exemption frow withholding" instructions above. If you meet those conditions, write "Exempt" on this line	2 So	cial ele	cted in	line A	above