

Employee's Signature

NCDOR Web 11-21 NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (M					
i iiiig Otatus (ivi	ark one box only) Single or Ma	arried Filing Separate	ely Head of Household	Married Filing	g Jointly or Surviving Spouse
Social Security Nu	mber	N.	1.I. Last Name		
I list Name			Least Number		
Address					County (Enter first five letters)
City			State	Zip Code	Country (If not U.S.)
 Instructions. Use Form NC-4EZ if you: Plan to claim the N.C. Standard Deduction Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions) Do not plan to claim N.C. tax credits Qualify to claim exempt status (See Lines 3 or 4 below) Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.) 					
f you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 o determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.					
Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	4 0 0 4 5 0 7 0 0 40		4 0 0 4 5 0 7 0 0 40		1 0 0 1 5 0 7 0 0 10
	1 2 3 4 5 6 7 8 9 10 # of Allowances		1 2 3 4 5 6 7 8 9 10 # of Allowances		1 2 3 4 5 6 7 8 9 10 # of Allowances
40,001 - 50,000 50,001 - 60,000 60,001 - 70,000	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8	60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000	# of Allowances 1 2 3 4 6 7 8 9 10 12
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 er of allowances you are clain	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 or the number of allowances from	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 or the number of allowances from	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over 1. Total numb 2. Additional a • Last year	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 er of allowances you are clain	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over ning (Enter zero (0), neld from each pay blina withholding botate income tax with	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 3 3 4 4 5 6 0 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 The number of allowances from the followance of the followa	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over om the table above,	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over 1. Total numb 2. Additional a • Last year • This year 4. I certify that Civil Relief	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 3 3 4 4 5 6 0 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 er of allowances you are claim amount, if any, you want with at I am exempt from North Care I was entitled to a refund of all S	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over ning (Enter zero (0), neld from each pay blina withholding be State income tax with ome tax withheld bed a withholding because Spouses Residence	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 or the number of allowances from the followances of the cause I meet both of the followance I had no tax liabilities are I meet the requirements set for the graph of the requirements set for the followance I meet the followance I meet the followance I meet the followance I meet the fo	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over own the table above, owing conditions: ity; and oility.	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 Check Here
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over 1. Total numb 2. Additional a • Last year • This year 4. I certify that Civil Relief (See Form I	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 7 8 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 er of allowances you are claim amount, if any, you want withher at I am exempt from North Carolina I was entitled to a refund of all State incompared to the second of the seco	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over ning (Enter zero (0), neld from each pay blina withholding be State income tax with ome tax withhold become tax withholding because Spouses Residence I Income Tax Instruct to you, enter the year	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 7 8 0 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 or the number of allowances from the period (Enter whole dollars) ecause I meet both of the folionated because I had no tax liabilities are I expect to have no tax liabilities are I expect to have no tax liabilities are I meet the requirements set for the perions, for more information.) ear the exemption became effections.	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over om the table above, by the table above, orth in the Servicement of the service	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 Check Here Check Here
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over 1. Total numb 2. Additional:	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 er of allowances you are claim amount, if any, you want with at I am exempt from North Caro I was entitled to a refund of all S 1 expect a refund of all State inco. I am exempt from North Carolina Act, as amended by the Military D-401, North Carolina Individua attion on Line 3 or Line 4 applies t I no longer meet the requirer	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over ning (Enter zero (0), neld from each pay blina withholding bestate income tax withome tax withholding bestate income tax withholding bestate income Tax Instruction you, enter the year	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 9 10 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 or the number of allowances from the number of allowances from the number of the followance of the number of the num	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over owing conditions: ity; and oillity. orth in the Servicem fits and Transition tive YYYY (Check application)	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 2 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 Check Here Check Here
20,001 - 30,000 30,001 - 40,000 40,001 - 50,000 50,001 - 60,000 60,001 - 70,000 70,001 and over 1. Total numb 2. Additional:	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 7 8 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 er of allowances you are claim amount, if any, you want withher at I am exempt from North Carolina I was entitled to a refund of all State incompared to the second of the seco	40,001 - 60,000 60,001 - 80,000 80,001 - 100,000 100,001 - 120,000 120,001 - 140,000 140,001 and over ning (Enter zero (0), neld from each pay blina withholding be state income tax with ome tax withheld bed a withholding because Spouses Residence Income Tax Instruct to you, enter the ye ments for an exemp	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 9 10 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 or the number of allowances from the followance I had no tax liabilities ause I expect to have no tax liabilities ause I	30,001 - 45,000 45,001 - 60,000 60,001 - 75,000 75,001 - 90,000 90,001 - 105,000 105,000 and over owing conditions: ity; and oillity. orth in the Servicem fits and Transition tive YYYY (Check application)	# of Allowances 1 2 3 4 6 7 8 9 10 12 1 2 3 4 5 6 7 8 9 10 0 1 2 3 4 4 5 6 7 8 0 1 1 2 3 3 4 4 5 6 0 0 1 1 2 2 2 3 3 4 0 0 0 0 1 1 2 2 2 2 3 3 4 0 0 0 0 0 1 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 Check Here Check Here

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.

Date