R-1300 (4/01)

State of Louisiana Department of Revenue



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

| Persona | Allowances | Works | heet |
|---------|------------|-------|------|
| | | | |

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or



В.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

| _ | — Cut here | and give the bottom | portion | of certificate to your emp | ployer. Keep the | top po | ortion for y | our re | cords. — — | | |
|--|--|---|---|---|---|---------|--------------|----------|-----------------|--|--|
| Form L-4 Louisiana Department of Revenue | | | Employee's Withholding Allowance Certificate | | | | | | | | |
| 1. | Type or prin | t first name and middl | | | | | | | | | |
| 2. | Social Secu | rity Number | 3. 🗆 | No exemptions or deper | idents claimed | | Single | | Married | | |
| 4. | Home addre | e address (number and street or rural route) | | | | | | | | | |
| 5. | City, State, | a, ZIP | | | | | | | | | |
| 6. | Total numbe | per of exemptions you are claiming (from Block A above) | | | | | | | | | |
| 7. | Total number of dependents you are claiming (from Block B above) | | | | | 7. | | | | | |
| 8. | Additional a | ional amount, if any, you want withheld each pay period | | | | | 8. | | | | |
| | | ne penalties imposed f exceed the number to | | alse reports that the numbe am entitled. | er of exemptions a | and dep | pendency c | redits o | claimed on this | | |
| Employee's signature | | | | Date | | | | | | | |
| | | | The fol | lowing is to be complete | d by employer. | | | | | | |
| 9. | | name and address RIES MARINE COR | PORATI | ON | 10. Employer's state withholding account number | | | | | | |