

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days.

Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other [] Head of Household [] Married filing jointly [] If so, does your spouse also have earned income? Yes [] No []

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 and 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 an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 []

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

If you are not exempt, complete the following:

- 1. Personal allowances. See instructions 1.\$ _____
2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return 2.\$ _____
3. Allowances for itemized deductions. See instructions 3.\$ _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar, and enter on line 4 4.\$ _____
5. Allowances for child and dependent care credit. See instructions 5.\$ _____
6. Total allowances. Add lines 1 through 5 6.\$ _____
7. Additional amount, if any, you want deducted each pay period 7.\$ _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: _____ Date: _____

Employers: The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: _____

Federal Employer Identification Number (FEIN): _____

Employer address: _____

City: _____ State: _____ ZIP: _____

Questions about Iowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.



IA W-4 Instructions – Employee Withholding Allowance Certificate

Exemption from withholding

Nonresidents may not claim this exemption.

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2023 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2024 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability.

You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

Taxpayers 64 years of age or younger: See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- a. your filing status is single, your total income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- b. your filing status is single, your total income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- c. your filing status is other than single and your combined total income is \$13,500 or less.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Any federal standard or itemized deduction taken on the federal return, personal exemption allowed for federal purposes, or qualified business income deduction allowed for federal purposes, must be added to total income for purposes of determining the low-income exemption. You are exempt if:

- a. you are single and your total income is \$24,000 or less; or
- b. your filing status is other than single and your combined total income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

Line 1. Personal allowances: You can claim the following personal allowances:

- (a) \$40 allowance for yourself or \$80 allowance if you are unmarried and eligible to claim head of household status. Add \$20 additional allowance if you are 65 or older, and \$20 additional allowance if you are blind.
- (b) If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: \$40 for your spouse, \$20 additional allowance if your spouse is 65 or older, and \$20 additional allowance if your spouse is blind.
- (c) If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- (d) To have the highest amount of tax withheld claim "\$0" on line 1.

Line 3. Allowances for itemized deductions:

- (a) Enter total amount of estimated federal itemized deductions (a) \$ _____
- (b) Enter amount of your federal standard deduction using the following information (b) \$ _____
If single or married filing separate returns, enter \$14,600
If unmarried head of household, enter \$21,900
If married filing a joint return or qualifying widow(er), enter \$29,200
- (c) Subtract line (b) from line (a) and enter the difference or zero, whichever is greater (c) \$ _____
- (d) Divide the amount on line (c) by 15, round to the nearest whole dollar and enter on line 3.

Note: If you are married and both you and your spouse are employed, you may not both claim the same allowances for itemized deductions. Each spouse should report their proportionate share of the estimated federal itemized deductions on line 3(a) and use the single federal standard deduction amount on line 3(b).

Line 5. Allowances for child and dependent care credit: Persons having child/dependent care expenses qualifying for the federal and Iowa child and dependent care credit may claim additional Iowa withholding allowance amounts based on their total incomes. Taxpayers with a total income of \$90,000 or more cannot claim withholding allowances for the child and dependent care credit. Married persons, regardless of their expected filing status, must calculate their withholding allowance amounts based on their combined total incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

- Iowa total income between \$0 - \$19,999 Allowances: \$200
- Iowa total income between \$20,000 - \$34,999 Allowances: \$160
- Iowa total income between \$35,000 - \$44,999 Allowances: \$120
- Iowa total income between \$45,000 - \$89,999 Allowances: \$40

Line 7. Additional amount of withholding deducted: You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.



Centralized Employee Registry Reporting Form

Employer Reporting Requirements

Federal and state law (42 U.S. Code § 653a and Iowa Code chapter 252G) requires that an employer doing business in Iowa who hires or rehires an employee or contractor to report the hire within 15 days of the start date. All items on this form must be completed.

Use one of the listed methods to report your new hires. Please include your FEIN. Fax this form (page 44-019c) to 800-759-5881 or mail it to Centralized Employee Registry, PO Box 10322, Des Moines, IA 50306-0322. If you have questions about employer reporting requirements, call the Employers Partnering in Child Support (EPICS) Unit at 877-274-2580.

Multistate employers have two reporting options: to report newly hired employees in the states in which they are working, or alternatively, to identify one state where all hires will be reported. If you choose to report to one state, your new hire reports must be submitted electronically or by magnetic media, and you must register to identify the state you will report to. To register, visit ocsp.acf.hhs.gov.

Employer Information

- 1. Federal Employer Identification Number (FEIN).** Provide the same 9-digit FEIN used on your quarterly wage reports, plus the 3-digit suffix used when filing Iowa withholding tax. For a business with only one location, the default suffix is 000.
- 2. Employer name.** Provide the trade name or doing business as (DBA) name, if applicable, rather than the legal name of the employer.
- 3. Employer address.** Include any applicable post office box, unit number, etc.
- 4. Employer contact and phone number (optional).** Include any applicable phone and extension.
- 5. Income Provider name and address for income withholding orders or garnishment, if different from the employer address above.** This may be the legal name of the business or other entity that handles withholding and garnishment. This information is needed for income withholding and garnishment purposes.

Employee Information

- 6. Is dependent health care coverage available?** This question does not relate to insurability of employee's dependents. Mark yes if the employer or union offers coverage.
- 7. Approximate date this employee qualifies for coverage.** Example: Is dependent insurance coverage offered upon hire or after six months of employment? This question does not relate to insurability of employee's dependents. Enter in month, day, and year format.
- 8. Employee start date.** Indicate the first day for which the employee is owed compensation. For a rehire, list the return date. Enter in month, day, and year format. (Required by 42 U.S. Code § 653a)
- 9. Employee date of birth.** Enter in month, day, and year format.
- 10. Employee Social Security Number (SSN).** SSN is required for all individuals, including minors.
- 11. Employee name.** Provide the employee's full name including middle initial.
- 12. Employee address.** Provide the employee's current home address.

