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.

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			Personal Allowances We	orksheet			
A.	In Block A, enter "0" if you claim neither yourself nor your spouse, or						
			rourself, provided you do not claim to ouse has not claimed your exemption				
	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 ye claim on your tax return. If no credits are claimed, enter "0"			spouse or yourself) whom you will B.			
_	— Cut here	and give the bottom	portion of certificate to your emp	oloyer. Keep the	top portion	for your records. — —	
For	m L-4		Employee's Withh	oldina All	owanc	Δ	
Louisiana Department of Revenue			Certif	_	Owaric	C	
1.	Type or print first name and middle initial Last name						
2.	Social Secu	urity Number	3. No exemptions or deper	dents claimed	Sin	gle Married	
4.	Home addr	ome address (number and street or rural route)					
5.	City, State,	ty, State, ZIP					
6.	Total number of exemptions you are claiming (from Block A above)				6.		
7.	Total number of dependents you are claiming (from Block B above)				7.		
8.	Additional amount, if any, you want withheld each pay period				8.		
		he penalties imposed f t exceed the number to	or filing false reports that the number o which I am entitled.	er of exemptions a	nd depende	ncy credits claimed on this	
Em	ployee's sign	ature		Date			
			The following is to be complete	d by employer.			
9.	Employer's name and address			10. Employer's state withholding account number			