For Oregon Purposes Only

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity iincome, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-

| | | | | | fter we release it) will be | posted at www.irs.gov/w4. | | | |
|------|--|---|---|--|---------------------------------|---------------------------|--|--|--|
| | | Person | al Allowances Works | heet (Keep for your records.) | | | | | |
| Α | Enter "1" for yourself if no one else can claim you as a dependent | | | | | | | | |
| | ſ | You are single and ha | ave only one job; or | |) | | | | |
| В | Enter "1" if: | | e only one job, and your sp | | } . | В | | | |
| | ι | Your wages from a se | cond job or your spouse's v | wages (or the total of both) are \$1,50 | 00 or less. ^J | | | | |
| С | Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more | | | | | | | | |
| | than one job. (E | Entering "-0-" may help y | ou avoid having too little to | ax withheld.) | | с | | | |
| D | Enter number of | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | | | | | | | |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E | | | | | | | | |
| F | Enter "1" if you | have at least \$2,000 of c | child or dependent care e | expenses for which you plan to cla | im a credit . | F | | | |
| | (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | | | | | | |
| G | | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. | | | | | | | |
| | • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you | | | | | | | | |
| | have three to six eligible children or less "2" if you have seven or more eligible children. | | | | | | | | |
| | - | | | \$119,000 if married), enter "1" for each | - | | | | |
| Н | Add lines A thro | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H | | | | | | | |
| | For accuracy, | If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. | | | | | | | |
| | complete all worksheets that apply. | • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. | | | | | | | |
| | and apply: | • If neither of the abo | neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | | | | | |
| | | Concrete here one | Laive Form W 4 to your on | nployer. Keep the top part for your | roordo | | | | |
| | | • | | | | | | | |
| _ | W_4 | Employe | ee's Withholding | g Allowance Certifica | te 📗 | OMB No. 1545-0074 | | | |
| Form | tment of the Treasury | ► Whether you are er | titled to claim a certain numb | er of allowances or exemption from wit | thholding is | | | | |
| | al Revenue Service | | the IRS. Your employer may b | e required to send a copy of this form | | | | | |
| 1 | Your first name | and middle initial | Last name | | 2 Your social se | curity number | | | |
| | Home address I | number and street or rural rou | to) | | | | | | |
| | Tiome address (| indifficer and street or rarai roa | | | ried, but withhold at h | | | | |
| | City or town sta | ate, and ZIP code | | Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | | | | | |
| | Only of town, state, and 211 dode | | | 4 If your last name differs from that shown on your social security card, | | | | | |
| | T-4-1 | | -ii (f li 11 -l | check here. You must call 1-800-772-1213 for a replacement card. ► □ or from the applicable worksheet on page 2) 5 | | | | | |
| 5 | Total number of allowances you are claiming (from line H above | | | | | | | | |
| 7 | 6 Additional amount, if any, you want withheld from each paycheck | | | | | | | | |
| , | I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and | | | | | | | | |
| | Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | | | | | | | |
| | If you meet both conditions, write "Exempt" here | | | | | | | | |
| Unde | • | | • | , to the best of my knowledge and b | • elief, it is true, corre | ect. and complete | | | |
| | | | | , in the most of the second se | | ,a cop.o.c. | | | |
| | loyee's signatur form is not valid | e unless you sign it.) ▶ | | | Date ► | | | | |
| 8 | | | nplete lines 8 and 10 only if sen | ding to the IRS.) 9 Office code (optional) | | tification number (EIN) | | | |

Form W-4 (2014) Page 2

| Deductions and Adjustments Worksheet | | | | | | | | | | | | |
|--|---|-------------------------------------|---------------------------------------|---|---------------------------------------|---|-----------------------|-------------------------------------|---|--------------|--|--|
| Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income. | | | | | | | | | | | | |
| 1 | Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of you income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and no head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details | | | | | | | | \$ | | | |
| | ſ | | | | | | | | | | | |
| 2 | Enter: { | | | ied filing jointly or qua of household | , , | ` | | 2 | \$ | | | |
| | Į | | | or married filing sepa | arately | J | | | | | | |
| 3 | Subtract | | 3 | \$ | | | | | | | | |
| 4 | | | | | | additional standard dec | luction (see Pu | ub. 505) 4 | \$ | | | |
| 5 | Add lines | Credits to | \$ | | | | | | | | | |
| 6 | Withholding Allowances for 2014 Form W-4 worksheet in Pub. 505.) | | | | | | | | | | | |
| 7 | Subtract | 6 7 | <u>\$</u> \$ | | | | | | | | | |
| 8 | | | Ψ | | | | | | | | | |
| 9 | | | | - | | ere. Drop any fraction et, line H, page 1 | | | _ | | | |
| | | | | | | | | | _ | | | |
| 10 | Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 | | | | | | | | | | | |
| | also crito | | | | | (See Two earners of | | | <u> </u> | | | |
| Note | Llea this | | | | | ige 1 direct you here. | or manapie j | obs on page | <u>.) </u> | | | |
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| 2 | | | • | . • , | • | EST paying job and ent | - | , | | | | |
| _ | | | | | | ing job are \$65,000 or l | | | | | | |
| | than "3" | | | | | | | 2 | | | | |
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| 3 | | | | - | | of this worksheet | , | | | | | |
| Note | | | | | | age 1. Complete lines | | _ | | | | |
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| paying j | ob are- | | line 2 above | paying job are- | line 2 above | paying job are— | line 7 above | paying job are- | | line 7 above | | |
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| 13,001 - 24,000 | | 00 | 2 | 16,001 - 25,000 | 2 | 130,001 - 200,000 | 1,110 | 37,001 - 80,000 80,001 - 175,000 | | 1,110 | | |
| 24,001 - 26,000 | | 3 | 25,001 - 34,000 | 3 4 | 200,001 - 355,000 | 1,300 | 175,001 - 38 | | 1,300 | | | |
| 26,001 - 33,000 33,001 - 43,000 | | 4 5 | 34,001 - 43,000 43,001 - 70,000 | 5 | 355,001 - 400,000 400,001 and over | 1,380 1,560 | 385,001 and o | ver | 1,560 | | | |
| 43,001 - 49,000 | | 00 | 6 | 70,001 - 85,000 | 6 | , | ,, | | | | | |
| 49,001 - 60,000 60,001 - 75,000 | | 7 8 | 85,001 - 110,000 110,001 - 125,000 | 7 8 | | | | | | | | |
| | 75,001 - 80,000 9 | | 9 | 125,001 - 125,000 | 9 | | | | | | | |
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| 130,0 | 01 - 140,0 | 00 | 13 | | | | | | | | | |
| 140,001 - 150,000 | | | 14 15 | | | | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.