## EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE – FORM W-4 for 2019 Middle Name First Name Last Name Home Address State City Zip Social Security Number Note: If married but legally separated, or if you or your spouse is a nonresident alien, check the Single box. Check only one box: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate If your name differs from that on your social security card, please call the SSA at 1-800-772-1213 for a new card. **FEDERAL INCOME TAX section Number of allowances** Total number of allowances you are claiming for tax purposes Additional amount, if any, you want withheld from each paycheck Indicate 'cancel' to change the additional amount currently deducted to zero. **CITIZENSHIP** Check only one box: ☐ U.S. citizen Resident alien or permanent resident (attach a copy of your green card) ☐ Nonresident alien – Immigration Status (e.g. F-1, J-1, etc.) Country of Residence I am a U.S. citizen or resident alien (permanent resident) This year I expect a refund of ALL federal Did you know that you can visit the and claim exemption from withholding for 2019 and I income tax withheld because I expect to have IRS.gov website to estimate your taxes? certify that I meet both of the following conditions for NO tax liability. If you meet BOTH conditions, enter "EXEMPT" here. If "EXEMPT" is entered exemption: The IRS website has a tax calculator at Last year I had the right to a refund of all federal income here, no federal tax will be withheld. www.irs.gov/W4App tax withheld because I had NO tax liability, AND **STATE INCOME TAX section Number of exemptions** Personal exemption for yourself. Write "1" if claimed Write "1" if you are claiming a personal exemption for your spouse Write the number of exemptions for dependents + Total number of exemptions claimed = Additional amount, if any, you want withheld from each paycheck Indicate 'cancel' to change the additional amount currently deducted to zero. Were you continuously employed prior to 3/31/86 with the State of Ohio, an agency of the State of Ohio, or another state university in Ohio? ☐ Yes ☐ No Did you accept your position with COTC prior to terminating your state employment? ☐ Yes ☐ No **LOCAL INCOME TAX section City/School District Name** Within city limits? ☐ Yes ☐ No City of employment ☐ No ☐ Yes City of permanent residence School District (based on permanent residence) Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate. Employee Signature Date

Form W-4 (2019)

Personal Allowances Worksheet (for your personal use)			
Α	Enter "1" for yourself	Α	
В	Enter "1" if you will file as married filing jointly	В	
С	Enter "1" if you will file as head of household	C	
D	<ul> <li>You're single, or married filing separately, and have only one job, or</li> <li>Enter "1" if: You're married filing jointly, have only one job, and your spouse doesn't work, or</li> <li>Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less</li> </ul>	D	
Е	<ul> <li>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</li> <li>If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly) enter "2" for each eligible child.</li> <li>If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,050 if married filing jointly) enter "1" for each eligible child.</li> <li>If your total income will be higher than \$200,000 (\$400,000 if married filing jointly) enter "-0-".</li> </ul>	E	
F	<ul> <li>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</li> <li>If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly) enter "2" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>If your total income will be higher than \$179,051 (\$345,850 if married filing jointly) enter "-0-".</li> </ul>	F	
G	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F.	G	
Н	Add lines A through G and enter that total here. These are your total number of allowances.	н	
	<ul> <li>If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.</li> <li>If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.</li> <li>If neither of the above situations applies, stop here and enter the number from line H onto Form W-4.</li> </ul>		

Deductions, Adjustments, and Additional Income Worksheet  Note: use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.			
1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	
2	<ul> <li>\$24,000 if you're married filing jointly or qualifying widow(er)</li> <li>Enter:</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	2	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	
5	Add lines 3 and 4 and enter the total	5	
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter amount in parentheses.	7	
8	Divide the amount of line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses.	8	
9	Enter the number from the Personal Allowances Worksheet, line H, above	9	
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-"	10	