Form W-4 (2019)								
	•	Personal Allow	ances Workshee	t (Keep for your re	ecords.)			
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						
	You're single, or married filing separately, and have only one job; or							
D	 You're married filing jointly, have only one job, and your spouse doesn't work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 						D	
_	_	= :	-	s (or the total of both)	are \$1,500 or less.			
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information.							
	 If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. 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.							
	 If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for 							
	each eligible child.							
							E	
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.						-	
	If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.							
	• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" 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).							
	• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-"					F		
G	•	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet						
	•	heet 1-6, enter "-0-" on lines E					G	
Н	Add lines A through G	and enter the total here					н	
		f vou plan to itemine or eleim	adiustments to inc	eme and want to rad	aa vaur withhaldina .	ar if		
	 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 and want to increase your withholding, 							
		1 5 1 4 A 1 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A						
	complete all	f you have more than one jol	b at a time or are ma	arried filing jointly a	nd you and your spo	use both		
	that are be	worksheets work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the						
	Two Eurors, manapic costs from the first to avoid having too linke tax withhold.							
 If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 								
	_ **	4 BOIOW.						
		Separate here and give Form	W-4 to your employ	ver. Keep the worksh	neet(s) for your record	is		
	W-4			•	` '		No. 1545-0074	
Forn	form						2019	
Depa Inter	artment of the Treasury nal Revenue Service	 Whether you're entitled subject to review by the 		er of allowances or exemp be required to send a copy	-	4	2019	
1	Your first name and middle		Last name			social security nun	nber	
	Home address (number an	d street or rural route)		3 Single Mar	ried Married, but withh	nold at higher Single	rate.	
				Note: If married filing sepa	te: If married filing separately, check "Married, but withhold at higher Single rate."			
	City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card,				
			check here. You mus	check here. You must call 800-772-1213 for a replacement card.				
5 Total number of allowances you're claiming (from the applicable worksheet)								
6	Additional amount, if any, you want withheld from each paycheck							
7	I claim exemption from	om withholding for 2019, and I	nd 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							
• 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								
							Jno	der penalties of perjury,
Ξm	ployee's signature							
(This form is not valid unless you sign it.) ▶ Date ▶								
8	Employer's name and a	name and address (Employer: Complete lines 8 and 10 if sending to IRS ar and 10 if sending to State Directory of New Hires.)			9 First date of	10 Employer ide		
	DUNGS O, S, AIRU TO II SE	naing to state Directory of New Hill	····		employment	number (EIN	*/	