



Form WH-4
State Form 48845
(R3 / 5-15)

**State of Indiana
Employee's Withholding Exemption and County Status Certificate**

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____
Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed. _____
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind. _____

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked. _____

5. Add lines 1, 2, 3, and 4. Enter the total here _____

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions). _____

7. Enter the amount of additional state withholding (if any) you want withheld each pay period. \$ _____

8. Enter the amount of additional county withholding (if any) you want withheld each pay period. \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

