

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2021**

|   |  |           |  |
|---|--|-----------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial  | Last name | (b) Social security number   |
|   | Address  |           | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code  |           |  |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|   |   |             |          |
|---|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependents</b>   | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|   | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____   |             |          |
|   | Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____   |             |          |
|   | Add the amounts above and enter the total here . . . . .  | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ _____ |
|   | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ _____ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                        |  |
|                                    | ▶ _____<br><b>Employee's signature</b> (This form is not valid unless you sign it.)  | ▶ _____<br><b>Date</b> |  |

|                       |   |                          |                                      |
|-----------------------|---|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address   | First date of employment | Employer identification number (EIN) |
|                       | <b>Cooperative Educational Services</b><br>10601 Research Rd. SE<br>Albuquerque, NM 87123 |                          |                                      |