

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

WV/IT- Rev. 12			WEST	VIRGINIA E	MPLOY	(EE'S W	/ITHHO	LDING EX	XEM	PTION CER	TIFICATE		
Name_	Mr.	Jol	hn Qui	ncy Doe	Sr.		Social	Security Nur	ımber	123-45	-6789		
Addres	s <u>1</u> 2	23 M	lain St	. Apt.	1								
City_A	nytc	wn				State	NY		;	Zip Code 12	345		
1	. If S	INGL	E, and you	claim an exe	mption,	enter "1	", if you	do not, ent	nter "(0		1.	If
2	2. If №	(a)	If you clai	kemption eac m both of the m one of the m neither of f	ese exen se exem	nptions, nptions, e	enter "2" enter "1"		ned or	n another ce	rtificate.	. 2.	If
3	B. If y	ou cla	aim exempt	ions for one o	or more	depende	ents, ente	er the num	nber	of such exen	nptions	3.	If
4	. Add	Add the number of exemptions which you have claimed above and enter the total						4.					
5	,		0 .								d you are recei ck here	0	✓
6	6. Add	ditiona	al withholdii	ng per pay pe	eriod und	der agree	ement wi	ith employ	/er, e	enter amount	here\$	Ad	ldit

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104 I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date	01/	01/	0001
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WV/IT-104 Rev. 12/09

WEST VIRGINIA CERTIFICATE OF NONRESIDENCE



This form is to be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania, Virginia or by an employee who is a Military Spouse exempt from income tax on wages.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

If you are a military spouse and (a) your spouse is a member of the armed forces present in West Virginia in compliance with military orders; (b) you are present in West Virginia solely to be with your spouse; and (c) you maintain your domicile in another State and you are claiming exemption under the Servicemember Civil Relief Act, enter your state of domicile (legal residence) on the following statement and attach a copy of your spousal military identification card.

I certify that I am a legal resident of the state of <u>State</u> and am not subject to West Virginia withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Name Name	Social Security Number	SSN
Address Address		
City City	State	Zip Code <u>ZIP</u>

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of <u>State of</u> and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date 01/01/0001 Signature John Doc