

Employee's Signature

NCDOR Web 11-19 NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (M	ark one box only)	Single or I	Married Filing Separat	ely [He	ad of H	louse	ehold		Ma	rried I	-iling	Joi	ntly	or S	urviv	ing	Spo	use	
Social Security Nu	mber] _		N															
First Name				V.I. L	ast Name	П	T	T		T		T	Τ	Т	Τ		T	Τ	П	
Address																County	(Enter	first five	letters)	
										T		Т								
City								State	Z	ip Cod	de			Cou	intry	(If not	U.S.)			
Plan to clair Do not plan Qualify to clair Important. If y must complete citizen) who ha on the green ca f you plan to clair determine the	to claim N.C. ta laim exempt state you plan to claim Form NC-4. If you passed the ard test and the tim the N.C. Chiknumber of allow.	Deduction An ix credits tus (See Lines in N.C. itemize you are a nontre e green card e substantial pre	nount (but no other N. 3 or 4 below) d deductions or plan tesident alien, you mus	o claim t compl esence	other Nete For test. (m NC- See Pu	4 NR ublica	RA. In ation 5 , amo	gene i19, U unt of	ral, a .S. 7	nonro ax Gu ome, a	eside iide fo ind n	nt al o <i>r Al</i> umb	lien liens er d	is a s, <i>foi</i> of ch	n alie <i>mon</i>	n (n e int n un	ot a fo <i>rm</i> ider	Ú.S. ation age 1	17
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I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.

Date