



Human Capital Management

Image 52 Overview

CONTENTS

- Introduction.....3
- Benefits3
 - Benefits Summary Page.....3
- Payroll.....4
 - Updated Federal / State Tax Table.....4
 - Garnishment Rule Changes6
 - IA SWT Marital Status.....7
 - LA SWT Marital Status.....9
 - Hawaii Tax Calculation11
 - WA LTC Tax Calculation12
- Employee Self Service13
 - View Absence Requests13
 - Enter Time Enhancements.....14
 - Direct Deposit15
 - Paycheck Modeler in Fluid16
 - Updated Arizona Form A-417
 - California Form DE 420
 - Colorado Form DR 000421
 - Connecticut Form CT-W4.....22
 - Georgia Form G-4.....23
 - Idaho Form ID WH-425
 - Indiana Form WH-4.....26
 - Iowa Form W-4 PDF27
 - Maryland Form MW50728
 - Minnesota W-4MN.....30
 - Missouri Form MO W-4.....31
 - Montana Form MW-4.....33
 - North Carolina Form NC-4.....35
 - New Mexico Form W-4.....37
 - Oregon Form OR-W-4.....39
 - South Carolina Form SC W-4.....39
 - Utah W-4 PDF.....40

Introduction

The Image/Upgrade Overview Document is intended to provide ctcLink users with a summary of the changes that will be made in the system as a result of the upcoming image or PeopleTools upgrade implementation. Oracle releases multiple PeopleSoft updates, called images, for each pillar every year. Each Image contains bug fixes and features that are important for PeopleSoft to work well. PeopleTools upgrades update the underlying framework of the system. There are minimal changes that are noticeable to the end users. Below is an overview of the changes that you can expect to see as part of this upgrade.

Benefits

Benefits Summary Page

There is a slight change to the look of Benefit Plans detail in Benefits Summary page (Benefits Summary tab) accessible to Benefits Administrators. When browsing over benefit plans data in the tile and/or grid view, the benefit plan is highlighted in light blue color. Additionally, each benefit tile (in tile view) displays “Review” label in the lower right-hand corner. These small updates do not change this page’s functionality in ctcLink. With introduction of HCM Image 52, the Benefits Summary page is not showing employee’s assigned Benefit Program. This issue is scheduled to be resolved in upcoming HCM Image 53.

Navigation

Menu > Benefits > Review Employee Benefits > Benefits Summary

Image: Benefits Summary (tile view)

Benefits Summary

Test Employee
Test Job Title
[Return to Select Employee](#)

Person ID 101
Benefit Record Number 890

Benefits Summary Deduction Summary

To view benefits as of another date, enter the date and select Refresh.

Benefits On 07/18/2025 Refresh

Primary Empl Record 1
Benefits System Base Benefits
Benefit Program
Benefits Status Active

Benefit Plans

Medical	Dental	Vision
Plan Uniform Classic Coverage Employee Only 0 Dependents Coverage Begin 10/25/2019 Review	Plan Uniform Dental Coverage Employee Only 0 Dependents Coverage Begin 10/25/2019 Review	Plan MetLife Vision Coverage Employee Only 0 Dependents Coverage Begin 01/01/2025 Review
Long-Term Disability -Optional	Long-Term Disability - Basic	Public Employees Retirement WA
Plan Optional LTD 90 day Other 60% Coverage % of Salary Coverage Begin 10/25/2019 Review	Plan Basic Long Term Disability Coverage % of Salary Coverage Begin 10/25/2019 Review	Plan PERS Plan 2 Coverage 6.36% of Earnings Coverage Begin 10/16/2019 Review

Image: Benefits Summary (grid view)

Benefits Summary

Test Employee Person ID 101
 Test Job Title Benefit Record Number 890
 Return to Select Employee

Benefits Summary | Deduction Summary

To view benefits as of another date, enter the date and select Refresh.

Benefits On:

Primary Empl Record 1
 Benefits System Base Benefits
 Benefit Program
 Benefits Status Active

Benefit Plans

Enrollment Type ^{TL}	Plan ^{TL}	Coverage / Participation ^{TL}	Dependents or Beneficiaries ^{TL}	Coverage Begin ^{TL}	Actions
Medical	Uniform Classic	Employee Only	0 Dependents	10/25/2019	<input type="button" value="Review"/>
Dental	Uniform Dental	Employee Only	0 Dependents	10/25/2019	<input type="button" value="Review"/>
Vision	MetLife Vision	Employee Only	0 Dependents	01/01/2025	<input type="button" value="Review"/>
Long-Term Disability -Optional	Optional LTD 90 day Other 60%	% of Salary		10/25/2019	<input type="button" value="Review"/>
Long-Term Disability - Basic	Basic Long Term Disability	% of Salary		10/25/2019	<input type="button" value="Review"/>
Public Employees Retirement WA	PERS Plan 2	6.36% of Earnings		10/16/2019	<input type="button" value="Review"/>

Payroll

Updated Federal / State Tax Table

Alaska (AK) - A new table entry effective-dated 07/01/2025 is added to deliver the Alaska state minimum wage increase from \$11.91 to \$13.00 per hour.

<https://labor.alaska.gov/lss/whhome.htm#:~:text=Minimum%20Wage%20Increase,%2Fweek%20to%20%%20241%2C040.00%2Fweek>

Florida (FL) - A new table entry effective-dated 09/30/2025 is added to deliver the Florida state minimum wage increase from \$13.00 to \$14.00 per hour. <https://www.state.gov/wp-content/uploads/2021/01/2021-01-29-Notice-FL-Minimum-Wage-Increase.pdf>

Iowa (IA) - A new table entry effective-dated 01/02/2025 is added to deliver Iowa withholding tax changes for wages paid on or after 01 January 2025 as published by the Iowa Department of Revenue. (The new row is dated 01/02/2025 to preserve the previously delivered table entry dated 01/01/2025 for audit history purposes.) <https://revenue.iowa.gov/media/60/download?inline>

Note: Tax Update 25-B also delivers COBOL program modifications which are required to implement the Iowa withholding tax changes.

Idaho (ID) - A new table entry effective-dated 04/28/2025 is added to deliver 2025 Idaho withholding tax changes published on 28 April 2025 by the Idaho State Tax Commission. https://tax.idaho.gov/document-mngr/pubs_EPB00744

Louisiana (LA) - A new table entry effective-dated 01/01/2025 includes Louisiana withholding tax changes effective for wages paid on or after 01 January 2025, as published by the Louisiana Department of Revenue. [https://dam.ldr.la.gov/publications/1306\(1_25\).pdf](https://dam.ldr.la.gov/publications/1306(1_25).pdf)

Note: Tax Update 25-B also delivers COBOL program modifications which are required to implement

the Louisiana withholding tax changes.

Maryland (MD) - A new table entry effective-dated 01/01/2025 is added to include the new minimum standard deduction amount of \$1,850.00 and the new maximum standard deduction amount of \$2,800.00 to be used in Maryland withholding tax calculations for wages paid on or after 01 January 2025, as published in the 2025 Maryland Employer Withholding Guide.

<https://www.marylandcomptroller.gov/content/dam/mdcomp/tax/instructions/withholding/2025/Withholding-Guide.pdf>

Note: Maryland state taxes continue to be calculated as a combined amount along with the Maryland county withholding, without the updated tiered rates for Anne Arundel and Frederick County taxes. Anne Arundel and Frederick County will be computed using the highest tier rate of 3.2%, as provided in the combined tables. Once Maryland has provided the necessary information to calculate the tiered county rates, if product modifications are required, they will be posted to My Oracle Support as well as delivered in a future tax update.

Minnesota (MN) - The Additional Rates page on the previously delivered table entry dated 01/01/2025 is updated to include a new row for Tax Class = Unemployment-Special, which is used for the Additional Assessment for Trust Fund Solvency imposed by the Minnesota Unemployment Insurance Program.

- Tax Class = Unemployment-Special
- Calculation Type = Percent of Tax *
- Tax Base = Unemployment
- Tax Rate = 0.0500000000
- Maximum Gross = \$999,999 (no limit)

* For the field Calculation Type, the new translate value Percent of Tax is delivered in Tax Update 25-B.

This separate assessment is triggered for the first time for tax year 2025 by projected shortfalls in the Minnesota UI Trust Fund. The assessment is calculated as 5.0% of an employer's Minnesota quarterly unemployment insurance tax due on each employee's Minnesota UI taxable wages. More information can be found on the Wages & Taxes/Tax Rates page of the Minnesota Unemployment Insurance Program website. <https://www.uimn.org/employers/wages-taxes/tax-rates/index.jsp>

Note: Tax Update 25-B also delivers COBOL program modifications which are required to implement the Additional Assessment for Trust Fund Solvency imposed by the Minnesota Unemployment Insurance Program.

Image: Paycheck Taxes – Minnesota UI-Spcl Tax Class

Tax Entity	State	Resident	Locality	Locality Name	Tax Class	Taxable Gross	Tax Amount
US Federal					MED/EE		
US Federal					Med/ER		
US Federal					OASDI/EE		
US Federal					OASDI/ER		
US Federal					Withholdng		
State	MN				UI - Spcl		
State	MN				Unempl ER		
State	MN	Y			Withholdng		

New Mexico (NM) - The table entry dated 01/01/2025 previously delivered in Tax Update 25-A is updated to include the increase in the unemployment taxable wage base from \$31,700.00 to \$33,200.00 for tax year 2025. <https://www.dws.state.nm.us/UI-Tax-Information>

Oregon (OR) - A new table entry effective-dated 07/01/2025 is added to deliver the Oregon state minimum wage increase from \$15.95 to \$16.30 per hour. <https://www.oregon.gov/boli/workers/Pages/minimum-wage-schedule.aspx>

Utah (UT) - A new table entry effective-dated 06/01/2025 is added to deliver Utah withholding tax changes effective for wages paid on or after 01 June 2025, as published by the Utah State Tax Commission. <https://tax.utah.gov/forms/pubs/pub-14.pdf>

Garnishment Rule Changes

Minnesota – Rule ID: GENERAL: A new row effective-dated 04/01/2025 updates values on the Exemption Variables page. The new values are used to calculate the amount of disposable earnings exempt from garnishment according to a graduated schedule which applies beginning April 1, 2025 (and applies to causes of action commenced on or after that date):

- 100% of disposable earnings if debtor’s weekly income is equal to or less than \$380 (40 times \$9.50, which is the current amount of the greater of two reference wages);
- 90% of disposable earnings if debtor’s weekly income is more than \$380 but less than or equal to \$570 (60 times \$9.50);
- 85% of disposable earnings if debtor’s weekly income is more than \$570 but less than or equal to \$760 (90 times \$9.50);
- 75% of disposable earnings if debtor’s weekly income is more than \$760.

<https://www.revisor.mn.gov/statutes/cite/571.922>

Note: The Exemption Variables page has been updated for the graduated amounts. However, the steps on the Calculation Formula page do not reflect the graduated schedule.

Note: Tax Update 25-B also delivers COBOL program modifications which are required to implement the Minnesota garnishment rule changes.

Oregon – Rule ID: GENERAL: A new row effective-dated 07/01/2025 updates the weekly exempt amount of disposable earnings (Exemption Amount 1 on the Exemption Variables page) from \$305.00 to \$338.00, as specified in Oregon SB 1595.

<https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/SB1595/Enrolled>

IA SWT Marital Status

The description for Iowa marital statuses is updated to reflect changes to Iowa Form IA W-4 made in conjunction with Iowa withholding tax changes effective for wages paid on or after 01 January 2025.

1. M - Previous description: Married
M - New description: Married filing jointly, or Qualified Surviving Spouse
2. S - Previous description: Single, Married Filing Separately, or Qualifying Surviving Spouse (identified as "Other" on Iowa Form IA W-4)
S - New description: Single, or Married Filing Separately (identified as "Other" on Iowa Form IA-W4)

Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > > Tax Information > Update Employee Tax Data – State Tax Data

Image: Employee State Tax Data for Iowa: Tax Status=S Prior to HCM Image 52

Federal Tax Data | **State Tax Data** | Local Tax Data

Person ID [REDACTED]

Tax Data [?] [Search] | [Navigation] 1 of 2 [View All]

Company [REDACTED] Community College Effective Date 12/01/2024 [+ -]

State Information [?] [Search] 1 of 2 [View All]

*State IA [Search] Iowa [+ -]

Resident UI Jurisdiction
 Non-Residency Statement Filed Exempt From SUT

State Withholding Elements [?]

*Special Withholding Tax Status None [v]

*Tax Status S [Search] Single, Married Filing Separately, or Qualifying Surviving Spouse (identified as "Other" on Iowa Form IA-W4) [i]

Withholding Allowances	0	
Additional Amount	\$0.00	Form IA W-4 line 7
Additional Percentage	0.000	
Additional Allowances	0	
Total Allowances	\$80	Form IA W-4 line 6

> Lock-In Details [?]

Save | Return to Search | Notify | Refresh | Update/Display | Include History | Correct History

Federal Tax Data | State Tax Data | Local Tax Data

Image: Employee State Tax Data for Iowa: Tax Status=S After HCM Image 52 is Applied

The screenshot displays the 'State Tax Data' section for an employee. At the top, there are tabs for 'Federal Tax Data', 'State Tax Data', and 'Local Tax Data'. The 'State Tax Data' tab is active. Below the tabs, the 'Company' is 'Community College' and the 'Effective Date' is '07/16/2025'. The 'State Information' section shows the state as 'IA' (Iowa) and the employee as a 'Resident'. The 'State Withholding Elements' section shows the 'Special Withholding Tax Status' as 'None' and the 'Tax Status' as 'S' (Single, or Married Filing Separately). The 'Total Allowances' is \$80. The interface includes navigation buttons like 'Save', 'Return to Search', 'Notify', 'Refresh', 'Update/Display', 'Include History', and 'Correct History'.

QRG

[Entering U.S. Employee Tax Data](#)

LA SWT Marital Status

The description for Louisiana marital statuses is updated to reflect changes to Louisiana Form L-4 made in conjunction with Louisiana withholding tax changes effective for wages paid on or after 01 January 2025.

1. O - Previous description: No exemption claimed (Louisiana Form L-4 Line 6 = 0)
O - New description: No standard deduction claimed (Louisiana Form L-4 Line 6 = 0)
2. M - Previous description: Louisiana Form L-4 Line 6 = 2
M - New description: Married filing jointly, qualifying surviving spouse, or head of household (Louisiana Form L-4 Line 6 = 2)
3. S - Previous description: Louisiana Form L-4 Line 6 = 1

S - New description: Single or married filing separately (Louisiana Form L-4 Line 6 = 1)

Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > > Tax Information > Update Employee Tax Data – State Tax Data

Image: Employee State Tax Data for Louisiana: Tax Status=M Prior to HCM Image 52

The screenshot displays the 'Employee State Tax Data for Louisiana' form. At the top, there are tabs for 'Federal Tax Data', 'State Tax Data' (selected), and 'Local Tax Data'. The form header shows the person's ID and company name 'Community College'. The 'Tax Data' section includes an 'Effective Date' of 12/01/2024. The 'State Information' section shows the state as 'LA' (Louisiana) and the tax status as 'M'. The 'State Withholding Elements' section includes a dropdown for 'Special Withholding Tax Status' set to 'None', and a text field for 'Tax Status' containing 'M' and 'Louisiana Form L-4 Line 6 = 2'. Below this are input fields for 'Withholding Allowances' (0), 'Additional Amount' (\$0.00), 'Additional Percentage' (0.000), and 'Additional Allowances' (0). There is also a '*LA Only' dropdown set to 'Increase Ac'. At the bottom, there are buttons for 'Save', 'Return to Search', 'Notify', 'Refresh', 'Update/Display', 'Include History', and 'Correct History'. A 'Lock-In Details' link is also present.

Image: Employee State Tax Data for Louisiana: Tax Status=M After HCM Image 52 is Applied

Federal Tax Data | **State Tax Data** | Local Tax Data

Person ID [REDACTED]

Tax Data 1 of 3 View All

Company [REDACTED] Community College Effective Date 07/16/2025

State Information 1 of 2 View All

*State LA Louisiana

Resident Non-Residency Statement Filed UI Jurisdiction Exempt From SUT

State Withholding Elements

*Special Withholding Tax Status None

*Tax Status M Married filing jointly, qualifying surviving spouse, or head of household (Louisiana Form L-4 Line 6 = 2)

Additional Amount \$0.00 *LA Only Increase Act

> Lock-In Details

Save Return to Search Notify Refresh Update/Display Include History Correct History

Federal Tax Data | State Tax Data | Local Tax Data

QRG

[Entering U.S. Employee Tax Data](#)

Hawaii Tax Calculation

Modifications have been made to correct the 2025 Hawaii state withholding tax calculation in compliance with a clarification issued on 25 February 2025 by the State of Hawaii Department of Taxation. Per the updated guidance, an employee's taxable wages should be reduced by the new \$1,650 extra lump sum withholding allowance amount (first introduced in the Hawaii state withholding tax calculation beginning in tax year 2025) even if the employee otherwise claims zero allowances on Hawaii Form HW-4.

Prior to the modification, taxable wages of an employee claiming zero allowances on Hawaii Form HW-4 were not reduced by the \$1,650 extra lump sum withholding allowance amount, following the instruction originally issued in the 2025 update to Hawaii Department of Taxation Booklet A (Employer's Tax Guide: "If employee claims no allowance (zero), no deduction is made. The total

wage is used in computing the amount of tax to be withheld.”

Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > > Tax Information > Update Employee Tax Data – State Tax Data

Image: Employee State Tax Data for HI: Zero Allowances

The screenshot displays the 'State Tax Data' form for Hawaii. The form is titled 'State Information' and is highlighted with a red border. It shows the state as HI (Hawaii), with 'Resident' and 'UI Jurisdiction' checked. The SDI Status is 'Subject'. Under 'State Withholding Elements', the Special Withholding Tax Status is 'None', Tax Status is 'M' (Married), and all other fields (Withholding Allowances, Additional Amount, Additional Percentage, Additional Allowances) are set to 0. The form also includes a 'Lock-In Details' link and a bottom navigation bar with buttons for Save, Return to Search, Notify, Refresh, Update/Display, Include History, and Correct History.

QRG

[Entering U.S. Employee Tax Data](#)

WA LTC Tax Calculation

Modifications have been made to require that the Washington UI Jurisdiction check box be selected for Washington Long Term Care (LTC) employee tax and taxable gross to be calculated. Prior to the modifications, Washington LTC employee tax and taxable gross was incorrectly calculated in this situation.

Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > > Tax Information > Update Employee Tax Data – State Tax Data

Image: Employee State Tax Data for WA: LTC Status=Subject, UI Jurisdiction=Unchecked

Federal Tax Data | **State Tax Data** | Local Tax Data

Person ID [REDACTED]

Tax Data 1 of 1 View All

Company [REDACTED] Community College Effective Date 06/16/2025

State Information 2 of 2 View All

*State WA Washington

Resident UI Jurisdiction

Non-Residency Statement Filed Exempt From SUT

*FLI Status Not Applicable

*MLI Status Not Applicable

*LTC Status Subject

State Withholding Elements

*Special Withholding Tax Status None

*Tax Status N Not applicable

Withholding Allowances 0

Additional Amount \$0.00

Additional Percentage 0.000

Additional Allowances 0

> Lock-In Details

Save Return to Search Notify Refresh Update/Display Include History Correct History

Federal Tax Data | State Tax Data | Local Tax Data

QRG

[Entering U.S. Employee Tax Data](#)

Employee Self Service

[View Absence Requests](#)

View Requests page has been enhanced to allow Absence Managers and Employees to download the Absence Request History to Excel.

Navigation

HCM Employee Self Service (Homepage) > Time (Tile) > View Requests (Tile)

Image: View Requests

The screenshot shows the 'View Requests' interface. At the top, there is a header with a user profile icon and fields for Name, Person ID, Job Title, Department, Empl Rcd, Supervisor Name, and Hourly Rate. Below this is a dropdown menu for '*Job Title' set to 'ASSOCIATE DIRECTOR'. The main section is titled 'View Requests' and contains a table of absence requests. A red box highlights a '4 rows' label and a download to Excel icon (represented by a grid and a downward arrow) in the top right corner of the table. The table lists four requests:

Request Type	Status	Start Date - End Date	Hours	Action
890 Vacation Leave	Approved	07/03/2025 - 07/10/2025	40 Hours	>
890 Vacation Leave	Approved	06/10/2025 - 06/13/2025	32 Hours	>
890 Vacation Leave	Approved	06/09/2025	8 Hours	>
CTC Bereavement Leave	Approved	06/05/2025	8 Hours	>

QRG

N/A

Enter Time Enhancements

- 1) For Puch Time reporters, the Add and Delete row buttons (+/-) are now being displayed at both the beginning and end of the row for improved accessibility.
- 2) Bulk delete functionality has been added, enabling self-service users to select multiple punch time rows and delete them at once, simplifying the process.
- 3) The following changes have been made to Submit, Clear, and Print Timesheet buttons:
 - a. The button layout has been redesigned with a button bar to reduce page clutter and enhance usability.
 - b. The primary action (Submit) remains readily accessible with a single click.
 - c. Secondary actions (Clear, Print Timesheet) have been moved to an overflow menu, ensuring a cleaner and more intuitive interface.

Navigation

HCM Employee Self Service (Homepage) > Time (Tile) > Enter Time (Tile)

Image: Timesheet display Prior to HCM Image 52

Day Summary	In	Lunch	In	Out	Time Reporting Code	Quantity	Time Details	Comments
13 Sunday Jul Reported 0.00								
14 Monday Jul Reported 7.50					01 HRY - Hourly	7.50		
15 Tuesday Jul Reported 9.50					01 HRY - Hourly	9.50		

Image: Timesheet display After HCM Image 52 is Applied

Day Summary	In	Lunch	In	Out	Time Reporting Code	Quantity	Time Details	Comments
13 Sunday Jul Reported 0.00								
14 Monday Jul Reported 0.00								
15 Tuesday Jul Reported 0.00								

QRG

N/A

Direct Deposit

Modifications have been made to correct the message used in Self Service Direct Deposit page when the employee switches their account type from Amount or Percent to Remaining Balance to use the word "Amount" instead of "Account". Prior to the modification, Payroll Self Service message set 2001, 1448 used the word "Account" instead of "Amount" in the message text.

Message set 2001, 1448: "The deposit type of the selected account will be changed from Amount or Percent to Remaining Balance and the account order will be updated to last in the list. Select OK to continue, or Cancel to make another selection."

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Direct Deposit (Tile)

Image: ESS Direct Deposit Message When Attempted to Change Account Type to Remaining Balance

The screenshot shows the 'Edit Account' form in the ESS system. The form includes fields for Nickname, Payment Method (set to Direct Deposit), Bank information (Routing Number), Account Type (Savings), Deposit Type (Amount), Amount (100.00), and New Remaining Balance Account (TEST). A modal message is displayed in the center, stating: 'The deposit type of the selected account will be changed from Amount or Percent to Remaining Balance and the account order will be updated to last in the list. Select OK to continue, or Cancel to make another selection.' The modal has 'OK' and 'Cancel' buttons. The form also has 'Cancel' and 'Save' buttons at the top, and a 'Remove' button at the bottom.

QRG

[Viewing or Updating Direct Deposit Information in ESS](#)

Paycheck Modeler in Fluid

HCM Image 52 delivered Paycheck Modeler in Fluid to provide employees a modern and intuitive user interface to simulate paychecks with their what-if scenarios. This feature includes redesigned pages and accessibility enhancements, streamlining the paycheck modeling process on all form factors.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Paycheck Modeler (Tile)

Image: Paycheck Modeler in Fluid – Welcome Page

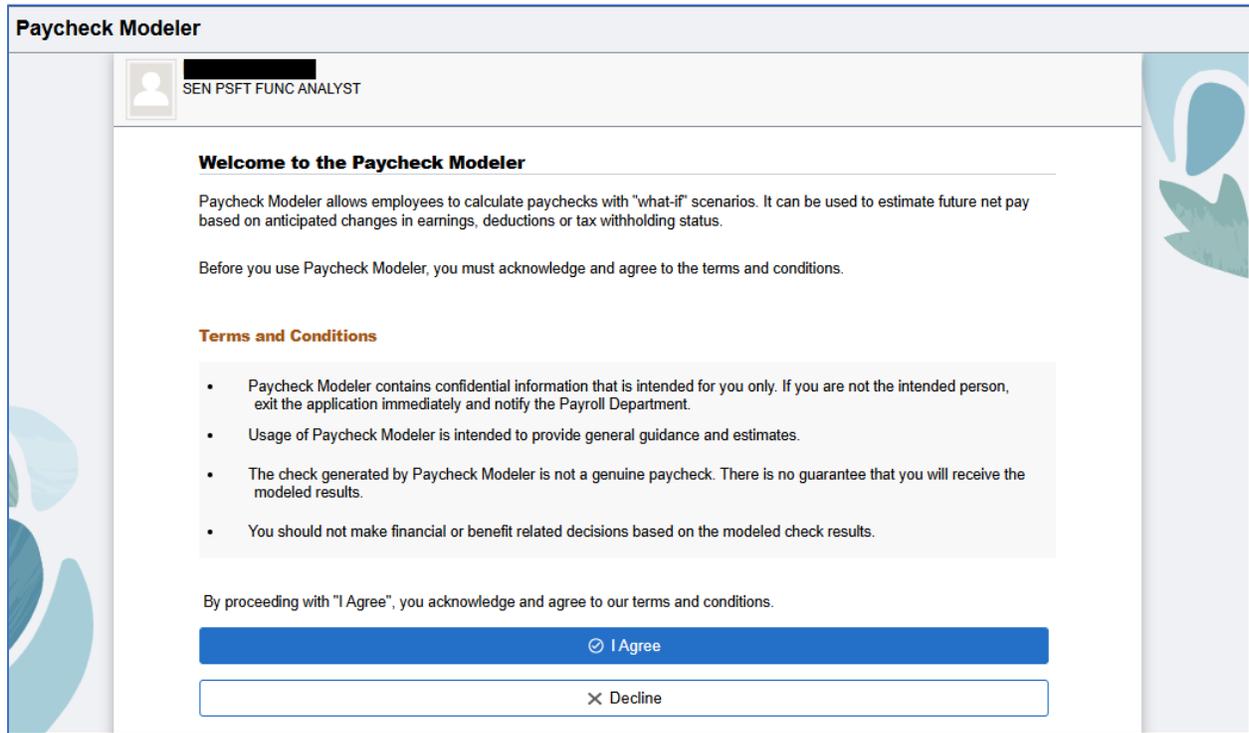
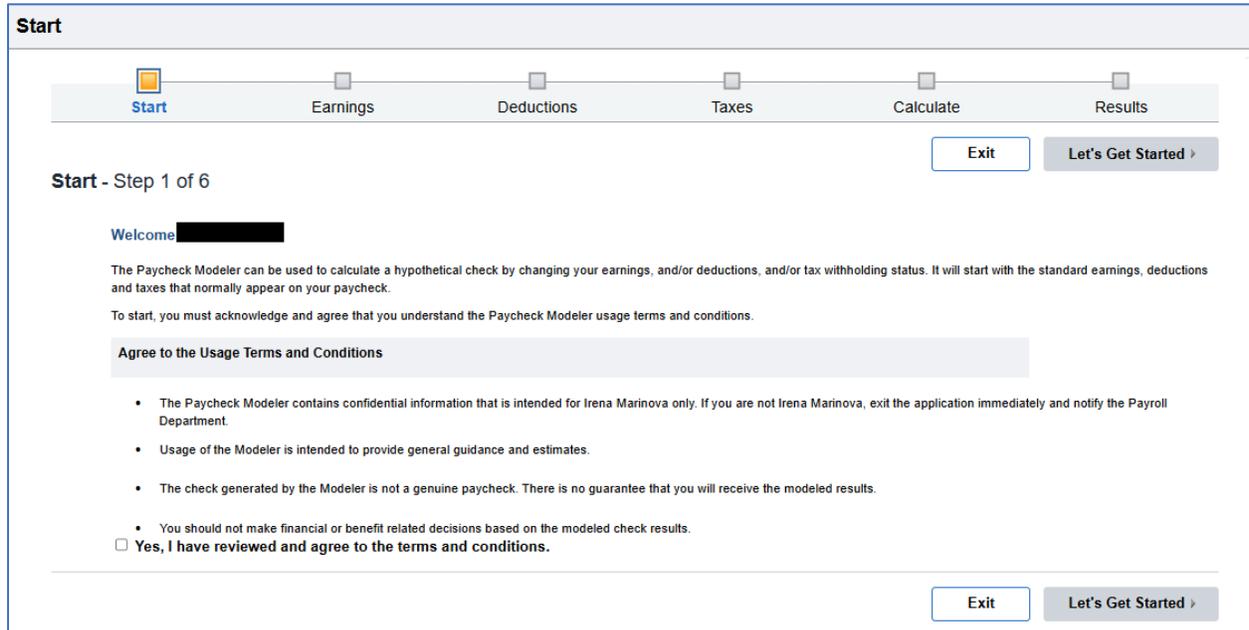


Image: Paycheck Modeler – Welcome page prior to HCM Image 52



QRG

[9.2 ESS Paycheck Modeler](#)

Updated Arizona Form A-4

HCM Image 52 delivers new template for Arizona revised form A-4 for 2025.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

California Form DE 4

California Form DE 4 has been updated to rev. 55 (01-25).

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: California DE 4 PDF Form – Rev. 55 (01-25)

			
Employee's Withholding Allowance Certificate			
Complete this form so that your employer can withhold the correct California state income tax from your pay.			
Personal Information			
First, Middle, Last Name [REDACTED]		Social Security Number [REDACTED]	
Address [REDACTED]		Filing Status	
City [REDACTED]	State CA	ZIP Code [REDACTED]	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household
1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.			
1a. Number of Regular Withholding Allowances (Worksheet A)		0	
1b. Number of allowances from the Estimated Deductions (Worksheet B)		0	
1c. Total Number of Allowances you are claiming		0	
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C) <input type="text"/>			
OR			
Exemption from Withholding			
3. I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption.		(Check box here) <input type="checkbox"/>	
OR			
4. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018.		(Check box here) <input type="checkbox"/>	
Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.			
Employee's Signature [REDACTED]		Date 2025-07-01	
Employer's Section: Employer's Name and Address		California Employer Payroll Tax Account Number	
State Board for Comm. and Tech 1300 Quince Street SE Olympia, WA 98501-7329		[REDACTED]	
<p>The <i>Employee's Withholding Allowance Certificate</i> (DE 4) is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.</p> <p>As of January 1, 2020, the <i>Employee's Withholding Allowance Certificate</i> (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding only. You must file the state form DE 4 to determine the appropriate California PIT withholding.</p> <p>If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.</p> <p>Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.</p> <p>Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:</p>		<ol style="list-style-type: none">1. You did not owe any federal and state income tax last year, and2. You do not expect to owe any federal and state income tax this year. <p>If you continue to qualify for the exempt filing status, a new DE 4 designating exempt must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.</p> <p>Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if</p> <ol style="list-style-type: none">(i) Your spouse is a member of the armed forces present in California in compliance with military orders;(ii) You are present in California solely to be with your spouse; and(iii) You maintain your domicile in another state. <p>If you claim exemption under this act, check the box on Line 4. You may be required to provide proof of exemption upon request.</p>	
DE 4 Rev. 55 (1-25) (INTERNET)		Page 1 of 4 CU	

QRG

[9.2 ESS W-4 Withholding](#)

Colorado Form DR 0004

HCM Image 52 delivers 2025 Colorado DR 0004 form template that allows users to make changes to their Colorado State tax data via Updateable PDF functionality.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: 2025 Colorado DR 0004 PDF Form

DR 0004 (11/25/24)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 1

2025 Colorado Employee Withholding Certificate

1. Personal Information

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		SSN or ITIN
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	CO	<input type="text"/>

2. Annual Withholding Allowance

To reduce your Colorado withholding, either:

- a. Enter the amount from Table 1 for your federal standard deduction and number of jobs; or
- b. Enter the result from Worksheet 1, if you expect to claim additional federal deductions or Colorado tax credits, or if you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job.

If you want a greater amount withheld, you may enter a smaller amount than either calculation, including zero, and/or you may complete Line 3..... \$

If this line 2 is blank, your employer will use an amount based on your IRS Form W-4.

3. Additional Withholding Per Pay Period

Enter any additional tax you want withheld from each paycheck. If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here \$

4. Signature

I declare that the amounts on this certificate have not been presented to willfully evade Colorado income tax or obstruct its collection.

Employee Signature	Date (MM/DD/YY)
<input type="text"/>	07/01/2025

QRG

[9.2 ESS W-4 Withholding](#)

Connecticut Form CT-W4

HCM Image 52 delivers new template for Connecticut revised form CT-W4 for 2025 that allows users to make changes to their Connecticut State tax data via Updateable PDF function.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Connecticut CT-W4 PDF Form – Effective January 1, 2025

Department of Revenue Services
State of Connecticut
(Rev. 12/24)

Form CT-W4

Employee's Withholding Certificate

Effective January 1, 2025

Employee Instructions

- Read the instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

- Withholding Code: Enter *Withholding Code* letter chosen from above. 1. Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile:
- Additional withholding amount per pay period: If any, see instructions. 2. \$
- Reduced withholding amount per pay period: If any, see instructions. 3. \$

First name <input type="text" value=""/>	MI <input type="text" value=""/>	Last name <input type="text" value=""/>	Social Security Number <input type="text" value=""/>
Home address (number and street, apartment number, suite number, PO Box) <input type="text" value=""/>			
City/town <input type="text" value=""/>	State <input type="text" value="CT"/>	ZIP code <input type="text" value=""/>	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature <input type="text" value=""/>	Date <input type="text" value="07/11/2025"/>
--	--

Employers: See *Employer Instructions*, on Page 2. Submit

Is this a new or rehired employee? No Yes Enter date hired: _____ mm/dd/yyyy

Employer's business name <input type="text" value="Bates Technical College"/>	Federal Employer Identification Number <input type="text" value="911526457"/>
Employer's business address <input type="text" value="1101 S Yakima Ave"/>	
City/town <input type="text" value="Tacoma"/>	State <input type="text" value="WA"/> ZIP code <input type="text" value="98405"/>
Contact person <input type="text" value=""/>	Telephone number <input type="text" value=""/>

Visit us at portal.ct.gov/DRS for more information.

QRG

[9.2 ESS W-4 Withholding](#)

Georgia Form G-4

HCM Image 52 delivers the latest Georgia Form G-4 (rev. 08/15/24; revision date: Dec. 2024).

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Georgia Form G-4 PDF – Rev. 08/15/24

Form G-4 (Rev. 08/15/24)		 2511004015	
STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE			
1a. YOUR FULL NAME [REDACTED]		1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]	
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]		2b. CITY, STATE AND ZIP CODE [REDACTED]	
PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8			
3. MARITAL STATUS Enter letter below on Line 7. A. Single B. Married Filing Separate or Married Filing Joint, both spouses working C. Married Filing Joint, one spouse working D. Head of Household		4. DEPENDENT ALLOWANCES <input type="checkbox"/> 5. GEORGIA ADJUSTMENTS ALLOWANCE [0] (See instructions for details. Worksheet below must be completed) 6. ADDITIONAL WITHHOLDING \$ [REDACTED]	
WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed for step 5)			
A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....		\$ [REDACTED]	
B. Georgia Standard Deduction (enter one):		\$ 0	
Single/Head of Household		\$12,000	
Married Filing Joint		\$24,000	
Married Filing Separate		\$12,000	
C. Subtract Line B from Line A (If zero or less, enter zero)		\$ 0	
D. Allowable Georgia Adjustments to Federal Adjusted Gross Income		\$ 0	
E. Add the Amounts on Lines C and D		\$ 0	
F. Estimate of Taxable Income not Subject to Withholding		\$ 0	
G. Subtract Line F from Line E (if zero or less, stop here).....		\$ 0	
H. Divide the Amount on Line G by \$4,000. Enter total here and on Line 5 above		0	
(This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)			
7. LETTER USED (Marital Status A, B, C or D) <u>None</u>		TOTAL ALLOWANCES (Total of Lines 4 - 5) <u>0</u>	
(Employer: The letter indicates the tax tables in Employer's Tax Guide)			
8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section. a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here <input type="checkbox"/> b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is [REDACTED]. My spouse's (servicemember) state of residence is [REDACTED]. The states of residence must be the same to be exempt. Check here <input type="checkbox"/>			
I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.			
Employee's Signature [REDACTED]		Date <u>07/01/2025</u>	
Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105685, Atlanta, GA 30348-5685			
9. EMPLOYER'S NAME AND ADDRESS: State Board for Comm. and Tech 1300 Quince Street SE Olympia, WA 98501-7329		EMPLOYER'S FEIN: [REDACTED] EMPLOYER'S WH#: [REDACTED]	
Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.			
			Submit

QRG

[9.2 ESS W-4 Withholding](#)

Idaho Form ID WH-4

Idaho Form ID WH-4 has been updated to rev. 12-05-2024.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Idaho Form ID WH-4 PDF – Rev. 12-05-2024

	Form ID W-4 Employee's Withholding Allowance Certificate																		
<p>Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. Use the information on the back to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at tax.idaho.gov/w4.</p>																			
<p>Withholding Status</p> <p>Check the "A" box (Single) if you're:</p> <ul style="list-style-type: none"> • Single with one job or single with multiple jobs • Filing as head of household <p>Check the "B" box (Married) if you're:</p> <ul style="list-style-type: none"> • Married filing jointly with one job and your spouse doesn't work • A qualifying surviving spouse with qualifying dependents <p>Check the "C" box (Married, but withhold at Single rate) if you're:</p> <ul style="list-style-type: none"> • Married filing jointly and both people work (or you have multiple jobs) • Married filing separately 																			
																			
	Form ID W-4 Employee's Withholding Allowance Certificate																		
<p>WITHHOLDING STATUS (see information above)</p> <p>A <input type="checkbox"/> (Single) B <input type="checkbox"/> (Married) C <input type="checkbox"/> (Married, but withhold at Single rate)</p>																			
<p>1. Total number of Idaho allowances you're claiming <input type="text" value="0"/></p> <p>2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars)</p>																			
<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: right;">Your Social Security number (required)</td> </tr> <tr> <td colspan="2" style="text-align: center;">XXX-XX-████</td> </tr> <tr> <td>First name and middle initial</td> <td>Last name</td> </tr> <tr> <td>██████████</td> <td>██████████</td> </tr> <tr> <td colspan="2">Current mailing address</td> </tr> <tr> <td colspan="2">██████████</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>██████████</td> <td>ID</td> <td>██████████</td> </tr> </table>		Your Social Security number (required)		XXX-XX-████		First name and middle initial	Last name	██████████	██████████	Current mailing address		██████████		City	State	ZIP Code	██████████	ID	██████████
Your Social Security number (required)																			
XXX-XX-████																			
First name and middle initial	Last name																		
██████████	██████████																		
Current mailing address																			
██████████																			
City	State	ZIP Code																	
██████████	ID	██████████																	
<p>Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.</p>																			
<table border="1" style="width: 100%;"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>██████████</td> <td>07/11/2025</td> </tr> </table>		Signature	Date	██████████	07/11/2025														
Signature	Date																		
██████████	07/11/2025																		
<p>EFO00307 12-05-2024 Page 1 of 2</p> <p style="text-align: right;"><input type="button" value="Submit"/></p>																			

QRG

[9.2 ESS W-4 Withholding](#)

Indiana Form WH-4

Modifications have been made to take the Marital status value from the most recent history row from State Tax Data instead of being defaulted to 'N' when a new row is inserted via ESS WH-4.

Validation logic has been added to check if the status exists in the SWT Marital Status Table and issue an error message when it is invalid.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Indiana Form WH-4 PDF

Form WH-4
State Form 48845
(R10 / 8-23)

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 IN ZIP Code _____
Indiana County of Residence as of January 1: _____ (See instructions)
Indiana County of Principal Employment as of January 1: _____ (See instructions)
Check this box if the changes to the counties are effective for the next calendar year. (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 8. 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. You are entitled to claim an additional exemption for each qualifying dependent claimed for the first time (see instructions)
8. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions)
9. Enter the amount of additional state withholding (if any) you want withheld each pay period \$
10. 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: 2025-07-11

Submit

QRG

[9.2 ESS W-4 Withholding](#)

Iowa Form W-4 PDF

HCM Image 52 delivers new Iowa Form 2025 IA W-4.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)



Department of Revenue

2025 IA W-4

Employee Withholding Allowance Certificate
revenue.iowa.gov

Each employee must file this IA W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days. Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Filing Status: Other (Including Single) Head of Household Married filing jointly or Qualifying Surviving Spouse
 If so, does your spouse also have earned income? Yes No

Print your full name: _____ Social Security Number: _____
 Home address: _____
 City: _____ State: IA ZIP: _____

Exemption from withholding
 If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here Not Applicable and the year effective here _____
 Nonresidents may not claim this exemption.
 Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 and the Veterans Auto and Education Improvement Act of 2022.
 If claiming the military spouse exemption, enter your state of domicile or residence here _____

If you are not exempt, complete the following:

1. Personal allowances. See instructions.....	1. \$ 0
2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return.....	2. \$ _____
3. Allowances for itemized deductions. See instructions.....	3. \$ _____
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar.....	4. \$ _____
5. Allowances for child and dependent care credit. See instructions.....	5. \$ _____
6. Total allowances. Add lines 1 through 5.....	6. \$ 0
7. Additional amount, if any, you want deducted each pay period.....	7. \$ 0.00

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: _____ Date: 07/11/2025

Employers: The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: **Alcohol & Tax Compliance Division, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.**

Employer name: Big Bend Community College
 Federal Employer Identification Number (FEIN): 910826741
 Employer address: 7662 Chanute Street NE
 City: Moses Lake State: WA ZIP: 98837-3293

Questions about Iowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

Submit

QRG

[9.2 ESS W-4 Withholding](#)

Maryland Form MW507

Maryland Form MW507 has been updated to rev. 03/23.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Maryland Form MW507 – Rev. 03/23

MARYLAND FORM MW507

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4. Line 4 is NOT to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 7 St. Paul Street, Baltimore, MD 21202, when received if:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM MW507 Employee's Maryland Withholding Exemption Certificate

Print full name [REDACTED]	Social Security Number [REDACTED]
Street Address, City, State, ZIP [REDACTED], MD [REDACTED]	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.) [REDACTED]
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

- Total number of exemptions you are claiming not to exceed line F in Personal Exemption Worksheet on page 2. 1. [REDACTED]
- Additional withholding per pay period under agreement with employer. 2. [REDACTED]
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
 a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.
(This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. [REDACTED] Not Applicable
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 District of Columbia Virginia West Virginia
I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. [REDACTED] Not Applicable
- I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. [REDACTED] Not Applicable
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. 6. [REDACTED] Not Applicable
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. [REDACTED] Not Applicable
- I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. 8. [REDACTED] Not Applicable

Under the penalty of perjury, I further certify 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 whichever line(s) I completed.

Employee's signature [REDACTED]	Date 07/11/2025
Employer's name and address including ZIP code (For employer use only) Tacoma Community College 6501 South 19th Street Tacoma, WA 98466	Federal Employer Identification Number 910824677

COM/RAD-036 03/23 **Submit**

QRG

[9.2 ESS W-4 Withholding](#)

Minnesota W-4MN

HCM Image 52 added Minnesota 2025 W4 PDF. Prior to the modification, Minnesota 2025 W-4MN PDF was not present.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Minnesota Form W-4MN for 2025



DEPARTMENT OF REVENUE



2025 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees
 Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial [REDACTED]	Last Name [REDACTED]	Social Security Number XXX-XX-XXXX
Permanent Address [REDACTED]		Marital Status (Check one): <input type="checkbox"/> Single, Married, but legally separated, or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate
City [REDACTED]	State MN	

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

Section 1 — Determining Minnesota Allowances

A Enter "1" if no one else can claim you as a dependent A

B Enter "1" if any of the following apply: B

- You are single and have only one job
- You are married, have only one job, and your spouse does not work
- Your wages from a second job or your spouse's wages are \$1500 or less

C Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . C

D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D

E Enter "1" if you will use the filing status Head of Household (see instructions). E

F Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet 1

2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 2 \$

Section 2 — Exemption From Minnesota Withholding
 Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding

B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:

- I had no Minnesota income tax liability last year
- I received a refund of all Minnesota income tax withheld
- I expect to have no Minnesota income tax liability this year

C All of these apply:

- My spouse is a military service member assigned to a military location in Minnesota
- My domicile (legal residence) is in another state
- I am in Minnesota solely to be with my spouse. My state of domicile is

D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).
 Enter the reservation name:
 Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number:

E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay

F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature [REDACTED]	Date 2025-07-11	Daytime Phone Number [REDACTED]
------------------------------------	--------------------	------------------------------------

Employees: Give the completed form to your employer.

Submit

Employers
 See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer State Board for Comm. and Tech	Minnesota Tax ID Number 9851094	Federal Employer ID Number (FEIN) 910823768
Address 1300 Quince Street SE Olympia, WA 98501-7329	City	State ZIP Code

QRG

[9.2 ESS W-4 Withholding](#)

Missouri Form MO W-4

HCM Image 52 delivers new Missouri Form MO W-4 for 2025 (Revised 12/2024).

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Missouri Form MO W-4 for 2025

Form MO W-4		MISSOURI DEPARTMENT OF REVENUE		Employee's Withholding Certificate	
This certificate is for income tax withholding and child support enforcement purposes only. Type or print.					
Full Name			Social Security Number		
Home Address (Number and Street or Rural Route)			City or Town	State	ZIP Code
				MO	
Employee	1. Filing Status: Check the appropriate filing status below.				
	<input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household				
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....				2 0.00
	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....				3 0.00
Signature	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.....				
	<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.				
	<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability. <input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.				
Under penalties of perjury, I certify that the information provided on this form is true and accurate.					
Employee's Signature (Form is not valid unless you sign it)				Date (MM/DD/YYYY)	
				06/30/2025	
Employer	Employer's Name		Employer's Address		
	State Board for Comm. and Tech		1300 Quince Street SE		
	City	State	ZIP Code		
	Olympia	WA	98501-7329		
Date Services for Pay First Performed by Employee (MM/DD/YYYY)		Federal Employer I.D. Number	Missouri Tax Identification Number		
		910823768			
<p>Notice to Employer: Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods.</p> <ul style="list-style-type: none"> • Email: withholding@dor.mo.gov • Fax: 877-573-6172 • Mail to: Missouri Department of Revenue P.O. BOX 3340 Jefferson City, MO 65105-3340 <p>Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.</p> <p>Notice to Employee: Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator mytax.mo.gov/rtp/portal/home/withholding-calculator.</p> <p>Items to Remember:</p> <ul style="list-style-type: none"> • Employees must complete a new form if their filing status changes or to adjust the amount of withholding. • If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/. • Additional information can be found at mo.gov/business/withhold/. 					
Mail to: Taxation Division P.O. Box 3340 Jefferson City, MO 65105-3340		Ever served on active duty in the United States Armed Forces?		Form MO W-4 (Revised 12-2024)	
Phone: (573) 522-0967 Fax: 877-573-6172		If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/ .			

QRG

[9.2 ESS W-4 Withholding](#)

Montana Form MW-4

HCM Image 52 delivers the new Montana MW-4 (V5/12/2024) for tax year 2025.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: Montana Form MW-4 – V5 12/2024



MONTANA
DEPARTMENT OF
REVENUE

Montana Employee's Withholding and Exemption Certificate

MW-4
V5 12/2024

Employee's first name and middle initial [REDACTED]	Last name [REDACTED]	Social Security Number [REDACTED]
Physical address [REDACTED]		
City [REDACTED]	State MT	ZIP Code [REDACTED]

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See **Employee Instructions** on the back of this form before completing this form.

1. **Federal filing status**
 - a. Single or married filing separately (If you have multiple jobs, complete the Multiple Jobs Worksheet.)
 - b. Married filing jointly or qualifying surviving spouse (If you and your spouse have multiple jobs, see line 2.)
 - c. Head of household
2. **Married Filing Jointly with Both Spouses Working.** If you are married and you and your spouse are both working and earn similar incomes, mark the box. If you and your spouse have multiple jobs, and your spouse earns significantly more or less than you, do not mark this box. Instead, mark box 1b, then complete the Multiple Jobs Worksheet on page 2 and enter the result on line 3.
3. **Extra withholding.**
Enter any additional tax you want withheld from your wages each pay period. 3.
4. **Specified withholding.** Enter the amount you want to withhold from retirement distributions or unemployment compensation. If you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you can direct your employer to withhold the amount you report on this line. (See instructions) 4.
5. **Exemptions for Tax Year 2025**
You may be entitled to claim an exemption from Montana income tax withholding if your income is exempt from Montana income tax. Mark the box to indicate the reason you believe you are exempt from Montana income tax.
 - a. I am exempt because I am an enrolled member of a registered tribe, I live on the reservation of that tribe, and I earn wages from work performed on that reservation. (You must complete line 1 or 2.)
 - b. I am exempt because I am a member of the Reserve or National Guard and my compensation is earned under U.S.C. Title 10. (You must complete line 1 or 2.)
 - c. I am exempt because I am a North Dakota resident.
 - d. I am exempt because I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana.

Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)

[REDACTED]

Employee's Signature

2025-07-01

Date

Employer Information

Name Peninsula College	Federal Employer Identification Number 910824213
Mailing Address 1502 East Lauridsen Boulevard	MT Withholding Account ID 910824213 - W T H
City Port Angeles	State WA
	ZIP Code 98362-6660

Submit

Montana Employee's Withholding and Exemption Certificate

Page 1 of 7

QRG

[9.2 ESS W-4 Withholding](#)

North Carolina Form NC-4

North Carolina Form NC-4 has been updated to rev. 11/24.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)



NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4 so your employer can withhold the correct amount of State income tax from your wages. If you do not submit Form NC-4 to your employer, your employer must withhold as if your filing status is "Single" with no allowances.

FORM NC-4 EZ - You may use Form NC-4 EZ if you plan to claim the N.C. standard deduction, plan to claim the N.C. child deduction amount (but no other N.C. deductions), do not plan to claim N.C. tax credits, or qualify to claim exempt status.

FORM NC-4 NRA - If you are a nonresident alien, you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (For more information on the green card test and the substantial presence test, see Publication 519, U.S. Tax Guide for Aliens.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the NC-4 Allowance Worksheet. The worksheet will help you determine your withholding allowances based on federal and N.C. adjustments to income including the N.C. child deduction amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the amount of State income tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. **Exception:** When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the first day of the first pay period that ends on or after January 1 of the following calendar year.

TWO OR MORE JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine any additional amount to be withheld on Form NC-4, Line 2 (See page 4).

NONWAGE INCOME - If you receive nonwage income, such as interest or

dividends, you may be required to make estimated income tax payments using Form NC-40, Individual Estimated Income Tax, to avoid owing interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at ncdor.gov.

HEAD OF HOUSEHOLD - Generally, you may claim "Head of Household" filing status if you are unmarried or considered unmarried on the last day of the year, paid more than half of the cost of keeping up a home for the year, and had a qualifying person live with you in the home for more than half the year.

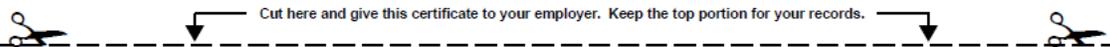
SURVIVING SPOUSE - Generally, you may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild whom you can claim as a dependent; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and N.C. adjustments to income, and N.C. tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and N.C. adjustments to income, and N.C. tax credits to determine the number of allowances.

CAUTION: All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the Department. If you furnish your employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.



NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming
(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars)

Social Security Number		Filing Status	
[Redacted]		<input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse	
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Name	
[Redacted]	[Redacted]	[Redacted]	
Address			County (Enter first five letters)
[Redacted]			[Redacted]
City	State	Zip Code (5 Digit)	Country (If not U.S.)
[Redacted]	NC	[Redacted]	

Employee's Signature [Redacted] Date 07/11/2025
 I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.

Submit

New Mexico Form W-4

HCM Image 52 delivers the 2025 Form W-4 for New Mexico.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: New Mexico Form W-4 PDF for 2025

For New Mexico Purposes Only			
Form W-4 Department of the Treasury Internal Revenue Service	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.		OMB No. 1545-0074 2025
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	<input type="text"/>		
	City or town, state, and ZIP code		
	<input type="text"/>		
	(c) <input checked="" type="radio"/> Single or <input type="radio"/> Married filing separately		
	<input type="radio"/> Married filing jointly or <input type="radio"/> Qualifying surviving spouse		
	<input type="radio"/> 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.)		
TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.			
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, and when to use the estimator at www.irs.gov/W4App .			
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 for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>		
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.)			
Step 3: Claim Dependent and Other Credits	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 \$ <input type="text"/> Multiply the number of other dependents by \$500 \$ <input type="text"/> Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$ <input type="text"/>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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		4(a) \$ <input type="text"/>
	(b) Deductions. 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		4(b) \$ <input type="text"/>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .		4(c) \$ <input type="text"/>
Exemption from withholding. I claim exemption from New Mexico withholding tax. (If you claim exemption from withholding, no income tax will be withheld from your paycheck.)			
Not Applicable <input type="button" value="v"/>			
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<input type="text"/>		2025-07-17
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Peninsula College 1502 East Lauridsen Boulevard Port Angeles, WA 98362-6660		910824213
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2025)			
<input type="button" value="Submit"/>			

QRG

[9.2 ESS W-4 Withholding](#)

Oregon Form OR-W-4

HCM Image 52 delivers revised form for Oregon's Department of Revenue 2025 Form OR-W-4.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: PDF Form 2025 OR-W-4

2025 Form OR-W-4 Page 1 of 1, 150-101-402 (Rev. 08-08-24, ver. 01)		Oregon Department of Revenue		 19612501010000		Office use only	
Oregon Withholding Statement and Exemption Certificate							
First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination			
██████████	██	██████████	XXX-XX-██████				
Address			City	State	ZIP code		
██████████			██████	OR	██████████		
Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.							
1. Select one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at the higher single rate. Note: Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.							
2. Allowances. Total number of allowances you're claiming on line A4 , B15 , or C5 . See worksheets in the instructions. If you skip the worksheets and aren't exempt, enter 0 2. <input type="text"/>							
3. Additional amount , if any, you want withheld from each paycheck..... 3. <input type="text"/>							
4. Exemption from withholding. I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete both lines below: • Enter your exemption code. (See instructions) 4a. <input type="text"/>							
• Write "Exempt" 4b. <input type="text" value="Not Applicable"/>							
Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.							
Employee signature (This form isn't valid unless signed.)				Date			
██████████				07/01/2025			
Employer use only.							
Employer name			Federal employer identification number (FEIN)				
State Board for Comm. and Tech			910823768				
Employer address			City	State	ZIP code		
1300 Quince Street SE			Olympia	WA	98501-7329		
							<input type="button" value="Submit"/>
— Submit this form to your employer —							

QRG

[9.2 ESS W-4 Withholding](#)

South Carolina Form SC W-4

HCM Image 52 delivers a new 2025 version of South Carolina Form SC W-4.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: PDF Form 2025 SC W-4

1350				STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE		<div style="border: 2px solid red; padding: 5px; text-align: center;"> SC W-4 <small>(Rev. 11/21/24) 3527</small> 2025 </div>	
dor.sc.gov				SOUTH CAROLINA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE			
<p>Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.</p>							
Part I: Employee Information							
1 First name and middle initial		Last name		2 Social Security Number			
[Redacted]		[Redacted]		[Redacted]			
Address			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate*				
[Redacted]			*Check if married but filing separately.				
City		State	ZIP		4 Check if your last name is different on your Social Security card. <input type="checkbox"/>		
[Redacted]		[Redacted]	[Redacted]		For a replacement card, contact the Social Security Admin at 1-800-772-1213.		
5 Total number of allowances (from the applicable worksheet on page 3)					5		
6 Additional amount, if any, to withhold from each paycheck					6 \$		
7 I claim exemption from withholding for 2025. Check the box for the exemption reason and write Exempt on line 7.					7 Not Applicable		
<input type="checkbox"/> For tax year 2024, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2025 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability.							
<input type="checkbox"/> For tax year 2025, I am a military servicemember or the spouse of a military servicemember and elect to use another state as my state of domicile. See instructions. State of domicile: [Dropdown]							
Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.							
Employee's signature (required) [Redacted]				Date 07/01/2025			
Part II: Employer Information							
Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.							
8 Employer's name and address			9 First date of employment		10 FEIN		
State Board for Comm. and Tech 1300 Quince Street SE Olympia, WA 98501-7329					910823768		
INSTRUCTIONS						Submit	

QRG

[9.2 ESS W-4 Withholding](#)

Utah W-4 PDF

HCM Image 52 delivers the 2025 Form W-4 for Utah.

Navigation

HCM Employee Self Service (Homepage) > Payroll (Tile) > Tax Withholding (Tile)

Image: 2025 W-4 PDF Form for Utah

For Utah Purposes Only		Employee's Withholding Certificate		OMB No. 1545-0074
Form W-4		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.		2025
Department of the Treasury Internal Revenue Service				
Step 1: Enter Personal Information	(a) First name and middle initial [REDACTED]		Last name [REDACTED]	
	Address [REDACTED]		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .	
	City or town, state, and ZIP code [REDACTED]			
	(c) <input type="radio"/> Single or Married filing separately <input checked="" type="radio"/> Married filing jointly or Qualifying surviving spouse <input type="radio"/> 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.)			
<p>TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.</p> <p>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, and when to use the estimator at www.irs.gov/W4App.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p>			
<p>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.)</p>				
Step 3: Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>		3	\$ _____
Step 4 (optional): Other Adjustments	<p>(a) Other income (not from jobs). 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</p> <p>(b) Deductions. 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</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period</p>		4(a)	\$ _____
			4(b)	\$ _____
			4(c)	\$ _____
<p>Exemption from withholding. I claim exemption from Utah withholding tax. (If you claim exemption from withholding, no income tax will be withheld from your paycheck.)</p>				<div style="border: 1px solid black; padding: 2px; display: inline-block;">Not Applicable</div>
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>[REDACTED SIGNATURE] _____ 2025-07-17</p> <p>Employee's signature (This form is not valid unless you sign it.) Date</p>			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
State Board for Comm. and Tech 1300 Quince Street SE Olympia, WA 98501-732			910823768	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.			Cat. No. 10220Q	Form W-4 (2025)
<div style="background-color: #4CAF50; color: white; padding: 5px 15px; display: inline-block; border-radius: 3px;">Submit</div>				

QRG

[9.2 ESS W-4 Withholding](#)



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Washington State Board for Community and Technical Colleges