Form G-4 (Rev. 12/09) STATE OF GEORGIA EMPLOYEE'S WIT	HHOLDING ALLOWANCE CERTIFICATE
1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
First Name, Middle Initial, Last Name	123-45-6789
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE
Home address	City, State and Zip Code
PLEASE READ INSTRUCTIONS ON REVERS 3. MARITAL STATUS (If you do not wish to claim an allowance, enter 10° in the brackets b A. Single: Enter 0 or 1[] B. Married Filing Joint, both spouses working:	eside your marital status.) 4. DEPENDENT ALLOWANCES []
Enter 0 or 1 or 2[] C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2	5. ADDITIONAL ALLOWANCES [] (worksheet below must be completed)
Enter 0 or 1 or 2[] E. Head of Household: Enter Pick	Pick allowances and additional withholding or
Marital status 1. COMPLETE THIS LINE ONLY IF USING STANDARD DI Yourself: Age 65 or over Blind	ster applicable p)
Spouse: Age 65 or over Blind Number	of boyes checked v 1300 %
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:	x 1000
A. Federal Estimated Itemized Deductions	s
	of Household \$2,300
	of Household \$2,300 \$
choice from \$1,500	\$S
choice from \$1,500	\$S
C. Subt above e A D. Allowable Deduct is to Federal Adjusted Gross Income	\$\$
C. Subt above e A D. Allowable Deduct ins to Federal Adjusted Gross Income E. Add the Amounts Lines 1, 2C, and 2D	\$\$
C. Subt above e A D. Allowable Deduct ins to Federal Adjusted Gross Income E. Add the Amounts in Lines 1, 2C, and 2D F. Estimate of Taxat income not Subject to Withholding	SS Enter total number of allowances
choice from \$1,500 C. Subt above e A D. Allowable Deduct ins to Federal Adjusted Gross Income E. Add the Amounts in Lines 1, 2C, and 2D F. Estimate of Taxat G. Subtract Line F from Line E (if zero or less, stop here)	S Enter total number of allowances
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C. Subt above e A	S
C. Subt above e A	S

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 3 - 7.