

# Form CT-W4

## Employee's Withholding Certificate

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

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

\* 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.

1. 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: \_\_\_\_\_
2. Additional withholding amount per pay period: If any, see instructions. .... 2. \$ \_\_\_\_\_
3. Reduced withholding amount per pay period: If any, see instructions. .... 3. \$ \_\_\_\_\_

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

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

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

Employer's business name <b>Capital Area Health Consortium</b>	Federal Employer Identification Number <b>51-0173264</b>
Employer's business address <b>270 Farmington Ave, Ste 352</b>	
City/town <b>Farmington</b>	State <b>CT</b>
ZIP code <b>06032</b>	
Contact person <b>Michael Tran</b>	Telephone number <b>860 - 676 - 1110</b>