

Employee's Withholding Certificate (L-4)

This form must be filed with your employer.

For Questions:

Phone: (855) 307-3893

Send an email by visiting www.revenue.louisiana.

gov/Contact/ContactUs.

Purpose: Complete Form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding must provide their expected tax return filing status in Block A.

- Employees must file a new certificate within 10 days if the number of their deductions decreases, except if the change is the result of the death of a spouse.
- Employees may file a new certificate any time the number of their deductions increases.
- · Line 7 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willfully failing to supply information that would reduce the withholding amount.

This form must be filed with your employer. If an employee fails to complete this withholding certificate, the employer must withhold Louisiana income tax from the employee's wages without any standard deduction.

Note to Employer: Keep this certificate with your records.

Block A

• Enter "0" to claim no standard deduction and check the appropriate box under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.

A.		

- Enter "1" to claim a standard deduction if your filing status is single or married filing separate and check the appropriate box under number 3 below if you did not claim this deduction in connection with other employment or if your spouse has not claimed a deduction.
- Enter "2" to claim a standard deduction if your filing status is married filing jointly, head of household, or qualifying surviving spouse and check the appropriate box under number 3 below.

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Form L-4	re and give the bottom portion of certificate t	o your employer	r. Keep the top	portion to	r your records.		
Louisiana Department of Revenue	Employee's Withholding Certificate						
1. First name and middle in	nitial	Last name					
2. Social security number	3. Select one: □ No deduction □ Single or married filing separately □ Married filing jointly, qualifying surviving spouse, or head of household						
4. Home address (number	and street or rural route)						
5. City			State		ZIP		
6. Total number of deduction		6.					
7. Adjustments. Enter any in be indicated as a negative		7.					
I declare under the penaltic I am entitled.	es imposed for filing false reports that the numb	er of deductions	claimed on this	certificate of	do not exceed the number to which		
Employee's signature					Date		
	The following is to be	completed by e	employer.				
8. Employer's name and ad	ddress	9. Employer's state withholding account number					