



DELAWARE F O R M
W-4
 DIVISION OF REVENUE
 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



1 FIRST NAME AND MIDDLE INITIAL	LAST NAME	2 TAXPAYER ID
HOME ADDRESS (Number and street or rural route)		3 MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married
CITY OR TOWN	STATE	ZIP CODE
4 Total number of dependents you can claim on your return		4
5 Additional amount, if any, you want withheld from each paycheck		5 \$

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

Employee's signature

(This form is not valid unless signed) ▶ _____ **Date** ▶ _____

6 Employer's name and address (Employer: Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)
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