## R-1300 (4/01)



## State of Louisiana Department of Revenue

## **Employee Withholding Exemption Certificate**

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

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or

	partment.	,	evenue should be so advised by fo	3 17	, , ,	
			Personal Allowances W	orksheet		
A.	In Block A, enter "0" if you claim neither yourself nor your spouse, or					
	In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or				nection A.	
	In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)				ou are	
B.	In Block B, enter the number of dependents (other than your spouse or yourself) whom you we claim on your tax return. If no credits are claimed, enter "0".				ou will <b>B.</b>	
_	— Cut here	and give the bottom	portion of certificate to your em	ployer. Keep the top	portion for your records. — —	
Employee's Withholding Allowand				van oo		
Louisiana Department of Revenue			Certif	_	vance	
1.	Type or prin	rpe or print first name and middle initial  Last nam		Last name		
2.	Social Secu	rity Number	3.   No exemptions or depe	ndents claimed C	☐ Single ☐ Married	
4.	Home address (number and street or rural route)					
5.	City, State,	City, State, ZIP				
6.	Total number of exemptions you are claiming (from Block A above)				<b>5.</b>	
7.	Total number of dependents you are claiming (from Block B above)				·.	
8.	Additional amount, if any, you want withheld each pay period 8				3.	
		ne penalties imposed for exceed the number to	or filing false reports that the numb o which I am entitled.	er of exemptions and c	lependency credits claimed on this	
Employee's signature Date					ate	
			The following is to be complete	ed by employer.		
9. Employer's name and address Richland Parish School Board  10. Employer's state					withholding account number	
P	Box 5	99 411 Fost	er Street			