FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

- Line1. You may claim an exemption for yourself.
- Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.
- Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

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Be sure to enter your social security number, name and address in the spaces provided. Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions line 8 of the Personal Exemption Worksheet
- Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.
- Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.
 - (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET (See back for instructions)

If you wish to claim yourself, write "1" If you are married and your spouse is not claimed 2. on his or her own certificate, write "1" Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) Subtotal Personal Exemptions (add lines 1 through 3) 4. Exemptions for age 5. (a) If you will be 65 or older on January 1, write "1" (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" Exemptions for blindness (a) If you are legally blind, write "1" (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" Subtotal exemptions for age and blindness (add lines 5 through 6) Total of Exemptions - add line 4 and line7..... Detach here and give the certificate to your employer. Keep the top portion for your records FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE Your social security number Name Street Address ZIP Code State City COMPLETE THE APPLICABLE LINES BELOW If subject to withholding, enter the number of exemptions claimed on: (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet (c) Total Exemptions - line 8 of the Personal Exemption Worksheet Enter the amount of additional withholding requested (see instructions) I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here) Date Signature