## Exemption from Income Tax Withholding Instructions

If you elect to claim exempt on your W-4, please see the information below.

## IRS: Exemption from Withholding

To qualify for this exempt status, the employee must have had no tax liability for the previous year and must expect to have no tax liability for the current year. However, if the employee can be claimed as a dependent on a parent's or another person's tax return, additional limitations may apply; refer to the instructions for Form W-4. A Form W-4 claiming exemption from withholding is valid for only the calendar year in which it is filed with the employer. To continue to be exempt from withholding in the next year, an employee must give you a new Form W-4 claiming exempt status by February 15 of that year. If the employee does not give you a new Form W-4, withhold tax as if he or she is single, in which the most amount of taxes would be withheld.

## MN: Exemption from Withholding

If you claim exempt from Minnesota withholding, complete ONLY Section 2 of Form W-4MN and sign and date the form to validate it. If you complete Section 2, you MUST complete a new Form W-4MN by February 15 in each following year in which you claim an exemption from Minnesota withholding. Please see page 2 of Form W-4MN for additional information.

## Both forms are required if you are claiming exempt from withholding

Please complete the form as follows. Name, social security number, address, marital status, signature and date, as well as the arrowed items below are all required fields.

W-4	Employee	's Withholding C	ertificate	OMB No. 1545-0074		ENT				
Department of the To internal Reserve Bar	Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Cove Form W-4 to your employer. Your withholding is subject to review by the IRS.			20 <b>2</b> 0		nesota Employee With	holding	Allowance/Exe	mption Certificat	
Step 1:	(a) First name and middle initial	Last rame		(b) Social security number	Employees					
Enter					Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form					
Personal	Address			<ul> <li>Does your name match the W-4MN each year and when your personal or financial situation changes.</li> </ul>						
Information	card? If not, to ensure you get				Employee's First Name and Initial	Employee's First Name and Initial Last Name Employ			ployee's Social Security Number	
	City or town, state, and ZIP code credit for your earnings, contact SRA at 800-772-1213 or go to				Permanet Address Marital Status (Zeek one): Status (Zeek one): S					
	www.ssa.por							Permanent Address	separated; or	
	a Single or Married filing separately							6.10	in	
	Mannied filing jointly (or Gualifying widow/or)) Head of hausehold Check only if you're unmanteil and pay more than fail the costs of keeping up a home to			en mait and a multiple indication (			Married, but withhold at his	the first sta		
					Read instructions on back. Comp	ete Section 1 OR Section 2, then sign an	d give the com			
	on from withholding, when to use the onli			tion on each step, who can		nd Section 2. Completing both sections				
C1 C						one else can claim vou as a dependent				
Step 2:					B Enter "1" if any of the following apply:					
Multiple Jobs						You are single and have only one job				
or Spouse	Do only one of the following.	Do only one of the following.				<ul> <li>You are married, have only one job, and your spouse does not work</li> </ul>				
Works	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or				<ul> <li>Your wages from a second job or your spouse's wages are \$1500 or less</li> <li>C Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a</li> </ul>					
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or				c Enter 1 for your spouse, nou may choose to enter 0 in you are marined and nave entitier a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)C					
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheid .				D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return D					
					E Enter 1" If you will file as Head of Household (see instructions for qualifying as Head of Household) E					
	THE TALL CONTRACT OF A					F Total number of allowances claimed. Add steps A through E.				
	TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.				If you plan to itemize deductions on your 2020 Minnesota income tax return, you may also complete the					
					Itemized Deductions and Additional Income Worksheet					
Step 3: Claim	If your income will be \$200,000 or Multiply the number of qualifying	f you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) If your income will be \$200,000 or less (\$400,000 or less if mamied filing joinfly) Multiply the number of qualifying children under age 17 by \$2,000 ► \$			Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one book body to includicate why you believe you are exempt. A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding. Even though 1 did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because of all of the following: I had no Minnesota income tax liability last year:					
Dependents		Multiply the number of other dependents by \$500 ▶ <u>\$</u>				Incerived a refund of all Minnesota income tax withheld     Isepect to have no Minnesota income tax liability this year     C All of the following are true:				
	A state of the second state of the second state of									
					<ul> <li>My spouse is a military service member assigned to a military location in Minnesota</li> </ul>					
Step 4		(a) Other income (not from jobs). If you want tax withheld for other income you expect				My domicile (legal residence) is in another state				
(optional):	this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and refirement income 4(a) \$				I am in Minnesota solely to be with my spouse. My state of domicile is					
Other						D I am an American Indian that resides and works on a reservation.				
Adjustments	(b) Deductions If you expect to	(b) Deductions, If you expect to claim deductions other than the standard deduction				E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.				
		and want to reduce your withholding, use the Deductions Worksheet on page 3 and				F I receive a military pay.				
	anter the result here 4(b) \$				Protective a minitary person of other minitary remembers pay as calculated minitary of the construction of the minitary remembers and the form difference to a construction of the cons					
					Minnesota Allowances and Addit		unnoiding on th	is retirement pay.		
	(c) Extra withholding. Enter any	(c) Extra withholding. Enter any additional tax you want withhold each pay period . 4(c) \$					fab - the selected	Deduction attacks to		
	Exempt	Exempt				Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet 1     Additional Minnesota withholding you want deducted each pay period (see instructions)				
Page Pr						led in Section 1 OR Section 2 is correct. I				
Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.				Employee's Signature Date Daytime Phone					
Sign Here										
	· · · · · · · · · · · · · · · · · · ·				Employees: Give the completed for	erm to your employer.				
	* Employee's signature (This form is a	Employee's signature (This form is not valid unless you sign it.) Date				Employers				
Employers Only	Employer's name and address		First date of	Employer identification		letermine if you must send a copy of this				
	and white an arrest of the second		employment	number (EIN)		orm to the address in the instructions. (In		s are considered invalid.) V	/e may assess a \$50 penalty for	
			1825	11/2/6		led with us. Keep a copy for your records				
	St. Olaf College 1520 St. Olaf Ave. Northfiel	d. MN 55057		41-0692979	Name of Employer		Federa	I Employer ID Number (FEIN)	Minnesota Tax ID Number	
For Privacy Act	t and Paperwork Reduction Act Notice, see	page 3.	Cat. No. 102200	Furm W-4 (2020)						
					Address	Gty		State	ZIP Code	