Department of Revenue Services

State of Connecticut

(Rev. 12/20)

## Form CT-W4 **Employee's Withholding Certificate**

Complete this form in blue or black ink only.

## **Employee Instructions**

- · Read the instructions on Page 2 before completing this form.
- · Select the filing status you expect to report on your Connecticut income tax return. See instructions.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse <b>is</b> employed and our expected combined annual gross income is <b>greater</b> than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	Α
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	С
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Widow(er)	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is <b>greater</b> than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

· Choose the statement that best describes your gross income.

Effective January 1, 2021

· Enter the Withholding Code on Line 1 below.

income tax return. See instructions.		Married Filing Separately	Withholding Code
Married Filing Jointly	Withholding Code	My expected annual gross income is less than or equal to	
Our expected combined annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the Military	Е	\$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.		My expected annual gross income is greater than \$12,000.	Α
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal	A	I have significant nonwage income and wish to avoid having too little tax withheld.	D
to \$100,500. See Certain Married Individuals, Page 2.	^	I am a nonresident of Connecticut with substantial other income.	D
My spouse is <b>not</b> employed and our expected combined annual gross income is <b>greater</b> than \$24,000.	С	Single	Withholding Code
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D	My expected annual gross income is <b>less</b> than or equal to \$15,000 and no withholding is necessary.	E
	<del>  </del>	My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D	I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D		<del> </del>
Qualifying Widow(er)	Withholding	I am a nonresident of Connecticut with substantial other income.	D
	Code	Head of Household	Withholding Code
My expected annual gross income is <b>less</b> than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E	My expected annual gross income is <b>less</b> than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is <b>greater</b> than \$24,000.	С	My expected annual gross income is greater than \$19,000.	В
I have significant nonwage income and wish to avoid having too little tax withheld.	D	I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D	I am a nonresident of Connecticut with substantial other income.	D

Employees: See Employee General Instructions on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records. Check if you are claiming the MSRRA exemption 2. Additional withholding amount per pay period: If any, see instructions. ......2. \$\_ and enter state of legal residence/domicile: 3. Reduced withholding amount per pay period: If any, see instructions. ...... 3. \$\_ First name Social Security Number Last name Home address (number and street, apartment number, suite number, PO Box) City/town State ZIP code Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both. Date Employee's signature Employers: See Employer Instructions, on Page 2. ■ No Yes Enter date hired: Is this a new or rehired employee? mm/dd/yyyy Employer's business name Federal Employer Identification Number Employer's business address City/town State ZIP code Contact person Telephone number