

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>A</b> | <u>1</u> |
| <b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .                                                                                                                                                                                                                                   | <b>B</b> | <u>1</u> |
| <b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .                                                                                                                                                                                                                                                                                         | <b>C</b> | _____    |
| <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b> | _____    |
| <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .                                                                                                                                                                                                                                                                                                                                                                             | <b>E</b> | _____    |
| <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .                                                                                                                                                                                                                                                                                                                                                                                      | <b>F</b> | _____    |
| <b>G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.<br>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . . | <b>G</b> | _____    |
| <b>H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶                                                                                                                                                                                                                                                                                                                                                                       | <b>H</b> | <u>2</u> |
| <div>For accuracy, complete all worksheets that apply. <div><div>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</div><div>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</div><div>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |          |

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                         |  |                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Employee's Withholding Allowance Certificate</b>                                                                                                                                                                                                                     |  | OMB No. 1545-0074                                          |  |
| ▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                         |  | <b>2017</b>                                                |  |
| <b>1</b> Your first name and middle initial<br><u>Nikole D</u>                                                                                                                                                                                                                                                                                                                                                                                                           |  | Last name<br><u>Nobles</u>                                                                                                                                                                                                                                              |  | <b>2</b> Your social security number<br><u>001-70-5743</u> |  |
| Home address (number and street or rural route)<br><u>1913 Real Ct Unit B</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |                                                            |  |
| City or town, state, and ZIP code<br><u>Fort Collins, CO 80526</u>                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>                                                                                            |  |                                                            |  |
| <b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                |  | <u>2</u>                                                   |  |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>6</b>                                                                                                                                                                                                                                                                |  | \$ _____                                                   |  |
| <b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ |  | <b>7</b>                                                                                                                                                                                                                                                                |  |                                                            |  |
| 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 <u>Nikole Nobles</u><br>(This form is not valid unless you sign it.) ▶ <u>Nikole Nobles (Nov 7, 2017)</u>                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                         |  |                                                            |  |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)                                                                                                                                                                                                                                                                                                                                                                     |  | <b>9</b> Office code (optional)                                                                                                                                                                                                                                         |  | <b>10</b> Employer identification number (EIN)             |  |

**Deductions and Adjustments Worksheet****Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |    |       |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-------|
| <b>1</b>  | Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ | _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .                                                                                                                                                                                                                                                                                                                                                                              | <b>2</b>  | \$ | _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>3</b>  | \$ | _____ |
| <b>4</b>  | Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4</b>  | \$ | _____ |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b>  | \$ | _____ |
| <b>6</b>  | Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6</b>  | \$ | _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>7</b>  | \$ | _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>8</b>  |    | _____ |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>9</b>  |    | _____ |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .                                                                                                                                                                                                                                                                                                                                                               | <b>10</b> |    | _____ |

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

|          |                                                                                                                                                                                                                                                             |          |       |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
| <b>1</b> | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .                                                                                                                         | <b>1</b> | _____ |
| <b>2</b> | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . | <b>2</b> | _____ |
| <b>3</b> | If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .                                         | <b>3</b> | _____ |

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

|          |                                                                                                                                                                                                                                                                                                                                                           |          |          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Enter the number from line 2 of this worksheet . . . . .                                                                                                                                                                                                                                                                                                  | <b>4</b> | _____    |
| <b>5</b> | Enter the number from line 1 of this worksheet . . . . .                                                                                                                                                                                                                                                                                                  | <b>5</b> | _____    |
| <b>6</b> | <b>Subtract</b> line 5 from line 4 . . . . .                                                                                                                                                                                                                                                                                                              | <b>6</b> | _____    |
| <b>7</b> | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .                                                                                                                                                                                                                                         | <b>7</b> | \$ _____ |
| <b>8</b> | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .                                                                                                                                                                                                                                    | <b>8</b> | \$ _____ |
| <b>9</b> | Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ _____ |

**Table 1****Table 2**

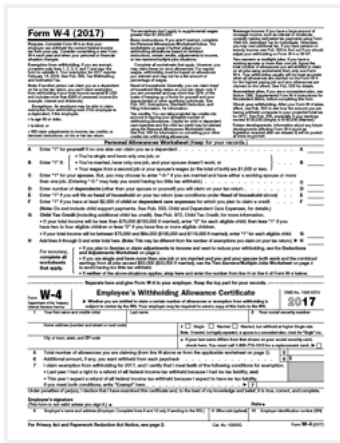
| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---------------------------------------------|-----------------------|---------------------------------------------|-----------------------|----------------------------------------------|-----------------------|----------------------------------------------|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$7,000                               | 0                     | \$0 - \$8,000                               | 0                     | \$0 - \$75,000                               | \$610                 | \$0 - \$38,000                               | \$610                 |
| 7,001 - 14,000                              | 1                     | 8,001 - 16,000                              | 1                     | 75,001 - 135,000                             | 1,010                 | 38,001 - 85,000                              | 1,010                 |
| 14,001 - 22,000                             | 2                     | 16,001 - 26,000                             | 2                     | 135,001 - 205,000                            | 1,130                 | 85,001 - 185,000                             | 1,130                 |
| 22,001 - 27,000                             | 3                     | 26,001 - 34,000                             | 3                     | 205,001 - 360,000                            | 1,340                 | 185,001 - 400,000                            | 1,340                 |
| 27,001 - 35,000                             | 4                     | 34,001 - 44,000                             | 4                     | 360,001 - 405,000                            | 1,420                 | 400,001 and over                             | 1,600                 |
| 35,001 - 44,000                             | 5                     | 44,001 - 70,000                             | 5                     | 405,001 and over                             | 1,600                 |                                              |                       |
| 44,001 - 55,000                             | 6                     | 70,001 - 85,000                             | 6                     |                                              |                       |                                              |                       |
| 55,001 - 65,000                             | 7                     | 85,001 - 110,000                            | 7                     |                                              |                       |                                              |                       |
| 65,001 - 75,000                             | 8                     | 110,001 - 125,000                           | 8                     |                                              |                       |                                              |                       |
| 75,001 - 80,000                             | 9                     | 125,001 - 140,000                           | 9                     |                                              |                       |                                              |                       |
| 80,001 - 95,000                             | 10                    | 140,001 and over                            | 10                    |                                              |                       |                                              |                       |
| 95,001 - 115,000                            | 11                    |                                             |                       |                                              |                       |                                              |                       |
| 115,001 - 130,000                           | 12                    |                                             |                       |                                              |                       |                                              |                       |
| 130,001 - 140,000                           | 13                    |                                             |                       |                                              |                       |                                              |                       |
| 140,001 - 150,000                           | 14                    |                                             |                       |                                              |                       |                                              |                       |
| 150,001 and over                            | 15                    |                                             |                       |                                              |                       |                                              |                       |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# 2017 W-4

Adobe Sign Document History

11/07/2017

|                 |                                             |
|-----------------|---------------------------------------------|
| Created:        | 11/03/2017                                  |
| By:             | Jamie Ready (jamie@corpmgmtgroup.com)       |
| Status:         | Signed                                      |
| Transaction ID: | CBJCHBCAABAAAdwpf9qyfjLgB1-pZFxs0nBhgZ6prqE |

## "2017 W-4" History



Document created by Jamie Ready (jamie@corpmgmtgroup.com)

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