Centralized Employee Registry Reporting Form

TO BE COMPLETED BY THE EMPLOYER within 15 days of hire. Please Print or Type

Mail this portion of the page to Centralized Employee Registry, PO Box 10322, Des Moines IA 50306-0322; or fax it to 1-800-759-5881. You may also submit the information online at www.iowachildsupport.gov

EMPLOYER INFORMATION

(_____) _____ — _____ ☐☐ – ☐☐☐☐☐☐☐ – ☐☐☐

Phone: Area Code + Telephone Number FEIN plus last 3-digit suffix as shown on your Iowa label or return.

Name: _____

Street Address: _____

_____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ – ☐☐☐☐

Questions: For A through D below, please see instructions on back for definitions and clarification.

A. Is dependent health care available? Yes ☐ or No ☐

B. Approximate date this employee qualifies for coverage: ☐☐ ☐☐ ☐☐☐☐ (MM DD YYYY)

C. Employee start date: ☐☐ ☐☐ ☐☐☐☐ (MM DD YYYY)

D. Address where income withholding and garnishment orders should be sent, if different than above address.

Street Address: _____

_____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ – ☐☐☐☐

EMPLOYEE INFORMATION

Employee's Date of Birth: ☐☐ ☐☐ ☐☐☐☐ (MM DD YYYY) Employee's Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

_____

City: _____ State: _____ Zip Code: _____

Iowa Department of Revenue
www.state.ia.us/tax

IA W4 2006

Employee Withholding Allowance Certificate

Employers: Detach this part and keep in your records unless more than 22 withholding allowances are claimed. See Employer Withholding Requirements on the back of this form.

To be completed by the employee.

EMPLOYEE ONLY

Marital status: ☐ Single ☐ Married (If married but legally separated, check Single.)

Print your full name: _____ Social Security No.: _____

Home Address (No. and St. or RR) _____ City _____ State ____ Zip Code _____

EXEMPTION FROM WITHHOLDING. If you do not expect to owe any Iowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: _____ and the year effective here: _____

If you are not exempt, complete the following:

1. Personal allowances ..... 1. _____
2. Allowances for dependents ..... 2. _____
3. Allowances for itemized deductions ..... 3. _____
4. Allowances for child and dependent care credit ..... 4. _____
5. Total allowances. Add lines 1 through 4. ..... 5. _____
6. Additional amount, if any, you want deducted each pay period ..... 6. _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employee Signature _____ **Date** _____

Employer: Complete below only if you are sending this part to the Iowa Department of Revenue because the employee is claiming more than 22 total allowances.

Employer's name and address _____ FEIN _____

44-019a (10/10/05)

TOP PORTION OF FORM– CENTRALIZED EMPLOYEE REGISTRY REPORTING FORM – EMPLOYER REPORTING REQUIREMENTS

An employer doing business in Iowa who hires or rehires an employee **must** complete this section. You may submit it by mail to: Centralized Employee Registry, PO Box 10322, Des Moines, IA 50306-0322, online at www.iowachildsupport.gov or fax to 1-800-759-5881.

If you have questions about employer reporting requirements, call the Employers Partnering in Child Support (EPICS) Unit at 1-877-274-2580.

Questions A through D

A. Is a family health insurance plan offered through employment? This question does not relate to insurability of employee's dependents.

B. Example: Is dependent insurance coverage offered upon hire or after six months of employment? This question does not relate to insurability of employee's dependents.

C. Indicate the first day for which the employee is owed compensation.

D. This information is needed for income withholding and garnishment purposes.

BOTTOM PORTION OF FORM – IA W4 INSTRUCTIONS (January 1, 2006) – EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

(Detach this part and keep for the employer's records.)

Exemption from Withholding: You should claim exemption from withholding if you are a resident of Iowa and do not expect to owe any Iowa income tax or expect to have a right to a refund of all income tax withheld. If you qualify, write "EXEMPT" and the year exempt status is effective. Exempt guidelines are: (1) You are exempt if you will earn $5,000 or less and are claimed as a dependent on another person's return, or (2) You are exempt if you will earn $9,000 or less and are not claimed as a dependent on another person's return, or (3) married and both spouses' total is less than $13,500. See your payroll officer to determine how much you expect to make in a calendar year.

You must complete a new W4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year) or on or before December 31 if you anticipate you will incur an Iowa income tax liability for the following year. If you want to claim an exemption from withholding next year, you must file a new W4 with your employer on or before February 15.

FILING REQUIREMENTS/NUMBER OF ALLOWANCES

Each employee must file this Iowa W4 with his/her employer. Do not claim more allowances than necessary or you will not have enough tax withheld.

1. Personal Allowances: You can claim the following personal allowances:

- 1 allowance for yourself or 2 allowances if you are unmarried and eligible to claim head of household status, plus 1 allowance if you are 65 or older, and plus 1 allowance if you are blind.
- If you are married and your spouse either does not work or is not claiming his/her allowances on a separate W4, you may also claim the following allowances: 1 for your spouse, plus 1 if your spouse is 65 or older, and plus 1 if your spouse is blind.
- If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- To have the highest amount of tax withheld, claim "0" allowances on line 1.

2. Allowances for Dependents: You may claim 1 allowance for each dependent you will be able to claim on your Iowa income tax return.

3. Allowances for Itemized Deductions

(a) Enter total amount of estimated itemized deductions ..... (a) $ _____

(b) Enter amount of your standard deduction using the following information ..... (b) $ _____

If single, married filing separately on a combined return or married filing separate returns, enter $1,650.

If married filing a joint return, unmarried head of household or qualifying widow(er), enter $4,060.

(c) Subtract line (b) from line (a) and enter the difference or zero, whichever is greater ..... (c) $ _____

(d) Additional allowance: Divide the amount on line (c) by $600, round to the nearest whole number and enter on line 3 of the IA W4 on other side.

4. Allowances for Child/Dependent Care Credit: Persons having child/dependent care expenses qualifying for the Federal and Iowa Child and Dependent Care Credit may claim additional Iowa withholding allowances based on their net incomes. If you have qualifying child and dependent care expenses and wish to reduce your Iowa withholding on the basis of this credit, you may claim additional withholding allowances for Iowa based on the following table. Married persons, regardless of their expected Iowa filing status, must calculate their withholding allowances based on their combined net incomes. Note that if net income is $45,000 or more, no withholding allowances are allowed for the Child and Dependent Care Credit as taxpayers with these incomes are not eligible for the Iowa Child and Dependent Care Credit.

Withholding Allowances Allowed

Iowa Net Income	Allowances
$0 - $20,000	5
$20,000- $30,000	4
$30,000 - $44,999	3

Enter the number of allowances on line 4 of the IA W4 on the reverse side. If you are married and both you and your spouse are employed, the total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown to the left.

5. Total: Enter total of lines 1 through 4.

6. Additional Amount of Withholding Deducted: If you are not having enough tax withheld from your pay, you may request your employer to withhold more by filling in an additional amount on line 6. Often married couples, both of whom are working, and persons with two or more jobs need to have additional tax withheld. You may also need to have additional tax withheld because you have income other than wages, such as interest and dividends, capital gains, rents, alimony received, etc. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year.

Changes in Allowances: You may file a new W4 at any time if the number of your allowances INCREASES. You must file a new W4 within 10 days if the number of allowances previously claimed by you DECREASES.

Penalties: Penalties are imposed for willfully supplying false information or for willful failure to supply information which would reduce the withholding allowances. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Employer Withholding Requirements: The employer must maintain records of the W4s. If the employee is claiming more than 22 withholding allowances or is claiming exemption from withholding when wages are expected to exceed $200 per week, the employer must send a copy of the W4 under separate cover within 90 days to the Individual Unit, Examination Section, Compliance Division, Iowa Department of Revenue, P.O. Box 10456, Hoover State Office Building, Des Moines, Iowa 50306-0456.

Questions: If you have questions about Iowa taxes, call 515-281-3114 or if calling in Iowa or from the Rock Island/Moline or Omaha calling areas, call toll free at 1-800-367-3388 or e-mail: idr@iowa.gov