DELAWARE
DIVISION OF REVENUE

FORM W-4

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1 FIRST NAME AND MIDDLE INITIAL	LAST NAME	2 TAXPAYER ID
HOME ADDRESS (Number and street or rural route)		3 MARITAL STATUS
		☐ Single ☐ Married
CITY OR TOWN	STATE	ZIP CODE

4	Total number of dependents you can claim on your return	4
5	Additional amount, if any, you want withheld from each paycheck	5 $

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
(This form is not valid unless signed) ▶ _____ **Date** ▶ _____

6 Employer's name and address (**Employer:** Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)