

Centralized Employee Registry Reporting Form

To be completed by the employer within 15 days of hire. Please print or type.

Submit this information online at

www.iowachildsupport.gov

or fax to 1-800-759-5881 or mail to Centralized Employee Registry, PO Box 10322, Des Moines IA 50306-0322.

EMPLOYER INFORMATION

FEIN Required _____ - _____ - _____
FEIN plus last 3-digit suffix used when filing Iowa withholding tax.

Employer Phone Number (____) _____

Name _____

Address _____

City _____ State _____ ZIP _____ - _____

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

A. Is dependent health care coverage available? Yes No

B. Approximate date this employee qualifies for coverage (MMDDYY) - -

C. Employee start date (MMDDYY) - -

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

Address _____

City _____ State _____ ZIP _____ - _____

EMPLOYEE INFORMATION

Employee Date of Birth _____ - _____ - _____ Employee Social Security Number _____ - _____ - _____

Last Name _____ First name _____ Middle Initial _____

Address _____

City _____ State _____ ZIP _____ - _____

DETACH HERE



2017 IA W-4

Employee Withholding Allowance Certificate

<https://tax.iowa.gov>

To be completed by the employee

Marital Status: Single (or married but legally separated) Married

Print your full name _____ Social Security Number _____

Home Address _____ City _____ State _____ ZIP _____

EXEMPTION FROM WITHHOLDING

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here _____ and the year effective here _____. Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009

If claiming the military spouse exemption, enter your state of domicile 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 adjustments to income 4. _____
5. Allowances for child and dependent care credit 5. _____
6. **Total allowances. Add lines 1 through 5** 6. _____
7. Additional amount, if any, you want deducted each pay period 7. _____

Employee: 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 _____

Employers: Detach this part and keep in your records. However, if the employee is claiming more than 22 withholding allowances or an exemption from withholding when wages are expected to exceed \$200 per week, complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form.

Employer Name _____

Employer Address _____

_____ FEIN _____