

Form **K-4E**

42A804-E (5-15)

Commonwealth of Kentucky  
**DEPARTMENT OF REVENUE**

# Special Withholding Exemption Certificate

*(For use by employees who anticipate no tax liability for the current year.)*

**2015**

Date \_\_\_\_\_

Type or Print Full Name

Social Security Number

Expires (see instructions)

Home Address (Number and Street)

City, State and ZIP Code

**Employee**—File this certificate with your employer. Otherwise Kentucky income tax must be withheld from your wages.

**Employer**—Keep this certificate with your records. This certificate may be used instead of Form K-4 by those employees qualified to claim the exemption.

**Employee's Certification**—I certify under the penalties of perjury that I anticipate no Kentucky income tax liability and that my modified gross income combined with my spouse's modified gross income, if married, will not exceed the threshold amount for my family size for the year.

Signature

Date

## INSTRUCTIONS

**Who May Claim the Exemption from Withholding of Income Tax**—The employee may be entitled to claim exemption from withholding of Kentucky income tax if no income tax liability is anticipated for the current year. If the employee is eligible to claim this exemption, the employer will not withhold Kentucky income tax from wages. **Employer:** Do not accept if the employee's wages exceed the income requirements as shown below.

**Liability for Estimated Tax**—If income tax is not withheld by the employer as a result of this certificate and an income tax liability occurs, estimated tax may be required. An estimated tax penalty will be applicable if 70 percent of the tax due is not prepaid and the liability is more than \$500.

**Income Filing Requirements**—The 2015 filing threshold amount based upon federal poverty level is expected to be \$11,770 for a family size of one (single, or married living apart from your spouse for the entire year), \$15,930 for a family of two (single with one dependent child or a married couple), \$20,090 for a family of three (single with two dependent children or a married couple with one dependent child) and \$24,250 for a family of four or more (single with three or more dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income

from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your and your spouse's combined modified gross income is expected to be less than the threshold amount for your family size, then you and your spouse may complete this certificate. **If the anticipated wages exceed these requirements, this certificate must not be filed.**

**Multiple Employers**—An employee, employed by more than one employer, may claim the exemption from withholding with each employer, provided that the total of the anticipated income does not exceed the threshold amount for the current taxable year.

**Expiration and Requirement of Revocation of the Exemption**—This certificate will expire on the last day of the fourth month following the close of the taxable year. This exemption certificate must be revoked within 10 days if it is reasonable to anticipate that a Kentucky income tax liability will occur. If this exemption certificate is discontinued or revoked, a new Employee's Withholding Exemption Certificate (Form K-4) must be filed with the employer.

