

19. YOUR SOCIAL SECURITY NUMBER 20. HOME ADDRESS (Number, Street, or Rural Rouse) 20. CITY, STATE AND ZIP CODE 21. CITY, STATE AND ZIP CODE 23. MANUTAL STATUS 24. CITY STATUS 25. CITY, STATE AND ZIP CODE 26. CITY, STATUS 27. CITY, STATUS 28. ADDITIONAL ALLOWANCES 29. MANUTAL STATUS 29. CITY STATUS 29. CITY STATUS 30. MANUTAL STATUS 30. MANUTAL STATUS 31. MANUTAL STATUS 31. MANUTAL STATUS 31. MANUTAL STATUS 32. ADDITIONAL ALLOWANCES 33. MANUTAL STATUS 34. DEPENDENT ALLOWANCES 35. ADDITIONAL ALLOWANCES 36. MANUTAL STATUS 36. MANUTAL STATUS 36. MANUTAL STATUS 36. ADDITIONAL ALLOWANCES 36. MANUTAL STATUS 36. ADDITIONAL ALLOWANCES 36. ADDITIONAL ALLOWANCES 36. MANUTAL STATUS 36. ADDITIONAL ALLOWANCES 37. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION 38. ADDITIONAL ALLOWANCES FOR DEDUCTIONS 39. ADDITIONAL ALLOWANCES FOR DEDUCTIONS 39. ADDITIONAL ALLOWANCES FOR DEDUCTIONS 39. Georgia Standard Deduction (enter one): Single-Head of Household 34.600 39. Georgia Standard Deduction (enter one): Single-Head of Household 34.600 39. COMPLETE THIS LINE ONLY IF ZERO OF less, enter zero). 30. ADDITIONAL ALLOWANCES FOR DEDUCTIONS: 30. ADDITIONAL ALLOWANCES FOR DEDUCTIONS: 30. Georgia Standard Deduction (enter one): Single-Head of Household 34.600 39. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 30. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 30. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 30. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 30. ADDITIONAL ALLOWANCES (TOWN THE ZERO). 31. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 32. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 35. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 36. COMPLETE THIS LINE ON THE A (If zero or less, enter zero). 37. COMPLETE THIS LINE ON THE ADDITIONAL ALLOWANCES (TOWN THE ZERO). 38. ADDITIONAL ALLOWANCES (TOWN THE ZERO). 39.	
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3. Married Filing Joint, both spouses working: Enter 0 or 1 5. Matried Filing Joint, one spouse working: Enter 0 or 1 or 2 6. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 7. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 8. Married Filing Separate: Enter 0 or 1 8. Head of Household: Enter 0 or 1 8. Head of Household: Enter 0 or 1 8. WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed in order to enter an amount on step 5) 1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: D Age 65 or over D Blind Number of boxes checked X 1300. 9. ADDITIONAL ALLOWANCES FOR DEDUCTIONS: A Federal Estimated Itemized Deductions (If Itemizing Deductions). 9. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600 Each Spouse D \$3,000 S C. Subtract Line B from Line A (If zero or less, enter zero). 9. Allowable Deductions to Federal Adjusted Gross Income 9. Add the Amounts on Lines 1, 2C, and 2D 9. Estimate of Taxable Innorme not Subject to Withholding 9. Subtract Line F from Line E (If zero or less, stop here). 9. H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above. 9. Subtract Line B from Line A (If zero or less, stop here). 10. LETTER USED (Martiel Starts A, B, C, D, or E) 11. Externer in letter indicates the tax tables in Employer's Tax Guide) 12. LETTER USED (Martiel Starts A, B, C, D, or E) 13. Extemptr; (Do not complete Lines 3 - 7 if claiming extempt) Read the Line 8 instructions on page 2 before completing to leave a Georgia income tax liability has year. Check here D 10. Letter Val I am not Subject to Georgia withholding because I incurred no Georgia income tax liability late year and I do not expect to save a Georgia income tax liability has year. Check here D 11. Letter Use D (Hartiel Starts A, B, C, D, or E) 12. Extended to this Form C-4. Also, I authorize my employer to deduct per pay peared the additional amount listed above. 13. The states of residence is My space of residence is My spouse's Se	1.1
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G. Subtract Line F from Line E (if zero or less, stop here)	
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above	
This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up) LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3 - 5) Employer: The letter indicates the tax tables in Employer's Tax Guide) LEXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing to 1 claim exemption from withholding because I incurred no Georgia income tax liability taxt year and I do not expect to ave a Georgia income tax liability this year. Check here 1 I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers will Relief Act as provided on page 2. My state of residence is, My spouse's (servicemember) state if residence is, The states of residence must be the same to be exempt. Check here Certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding laimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above. Imployee's Signature	
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13 Form G

RJ Shavelson

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