

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

### PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" . . . . . \_\_\_\_\_
2. If you are married and your spouse is not claimed  
on his or her own certificate, write "1" . . . . . \_\_\_\_\_
3. Write the number of dependents you will be allowed to claim  
on your income tax return (do not include your spouse) . . . . . \_\_\_\_\_
4. Subtotal Personal Exemptions (add lines 1 through 3) . . . . . 0
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" . . . . . \_\_\_\_\_
  - (b) If you claimed an exemption on line 2 and your spouse  
will be 65 or older on January 1, write "1" . . . . . \_\_\_\_\_
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" . . . . . \_\_\_\_\_
  - (b) If you claimed an exemption on line 2 and your  
spouse is legally blind, write "1" . . . . . \_\_\_\_\_
7. Subtotal exemptions for age and blindness (add lines 5 through 6) . . . . . 0
8. Total of Exemptions - add line 4 and line 7 . . . . . 0

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4

### EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the  
Personal Exemption Worksheet . . . . . 0
  - (b) Subtotal of Exemptions for Age and Blindness  
line 7 of the Personal Exemption Worksheet . . . . . 0
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet . . . . . 0
2. Enter the amount of additional withholding requested (see instructions) . . . . . \_\_\_\_\_
3. I certify that I am not subject to Virginia withholding. I meet the conditions  
set forth in the instructions . . . . . (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth  
Under the Service member Civil Relief Act, as amended by the Military Spouses  
Residency Relief Act . . . . . (check here)

Signature \_\_\_\_\_

Date \_\_\_\_\_

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

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