

Form CT-W4 (**‡ H F W L Y H - D Q X D U **)
(PSOR\HHTV : LWKKROGLQJ & HUWLQFDWH
Complete this form in blue or black ink only.

(PSOR\HH , QVWUXFWLRQV

- Read the instructions on Page 2 before completing this form.
- Choose the statement that best describes your gross income.
- **6 H O H W F K H** **Q O L Q J V W D W X V \ R X H [S H F W W R** • **E H E S R D W M h h B l o n g C o d e u n Q d e t o f W L F X W**
L Q F R P H W D [U H W X U Q 6 H H L Q V W U X F W L R Q V

Withholding
Code

ODUULHG)LOLQJ 6HSUDUWVOO

Withholding
Code

2 X U H [S H F W H G F R P E L Q H G D Q Q X D O R J U R V V L Q F R P H L V
H T X D O W R R U , D P F O D L P L Q J H [H P S W L R Q X Q G H U W K H O L O L W D U \ A
Spouses Residency Relief Act (MSRRA)* and no withholding
is necessary.

E

My spouse is HPSOR\HG DQG RXU H[SHFWHG FRPELQHG DQG OHAV WKDQ RU HTXDO D Q G Z L V K
gross income is JUHDWHU WKDQ D Q G O H A V WKDQ RU HTXDO D
WR 6 HH Certain Married Individuals, Page 2.

KDYH VLJQL FDQW QRQZDJH LQFRPH D Q G Z L V K
WRR OLWWOH WD[ZLWKKHOG D

My spouse is not HPSOR\HG DQG RXU H[SHFWHG FRPELQHG D Q G Z L V K
annual gross income is JUHDWHU WKDQ C 6 L Q J O H Withholding
Code

My spouse is HPSOR\HG DQG RXU H[SHFWHG FRPELQHG D Q G Z L V K
annual gross income is JUHDWHU WKDQ D 0\ H [S H F W H G D Q Q X D O J U R V V L Q F R P H L V less than or equal
D Q G Q R Z L W K K R O G L Q J L V Q H F H V V D U \ E

, KDYH VLJQL FDQW QRQZDJH LQFRPH D Q G Z L V K
WRR OLWWOH WD[ZLWKKHOG D

I am a nonresident of Connecticut with substantial other income. D

I am a nonresident of Connecticut with substantial other income. D

0\ H [S H F W H G D Q Q X D O J U R V V L Q F R P H L V less than or equal to + H D G R I + R X V H K R O G Withholding
RU , D P F O D L P L Q J H [H P S W L R Q X Q E H U W K H O S 5 W H D Q Q X D O J U R V V L Q F R P H L V less than or equal
D Q G Q R Z L W K K R O G L Q J L V Q H F H V V D U \ D

0\ H [S H F W H G D Q Q X D O J U R V D W H L L Q F R P H L V 0\ H [S H F W H G D Q Q X D O J U R V D W H L L Q F R P H L V B

, KDYH VLJQL FDQW QRQZDJH LQFRPH D Q G Z L V K
WRR OLWWOH WD[ZLWKKHOG D

I am a nonresident of Connecticut with substantial other income. D

, I \ R X D U H F O D L P L Q J W K H O L O L W D U \ 6 S R X V H V 5 H V L G H Q F \ 5 H O L H I \$ F W 0 6 5 5 \$ H [H P S W L R Q V H H

Employees: See Employee General Instructions on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

- Withholding Code: Enter Withholding Code letter chosen from above. 1. _____ ^ Check if you are claiming
W K H 0 6 5 5 \$ H [H P S W L R Q and enter state of legal residence/domicile:
- Additional withholding amount per pay period: If any, see instructions. 2. \$ _____
- Reduced withholding amount per pay period: If any, see instructions. 3. \$ _____

First name	MI	Last name	Social Security Number
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+ R P H D G G U H V V Q X P E H U D Q G V W W H D Q S D P U E M R H Q W % Q X P E H U

City/town	State	ZIP code
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'H F O D U D W L R Q , G H F O D U H X Q G H U S H Q D O W \ R I O D Z W K D W , K D Y H H [D P L Q H G W K L V F H U W L Q F D
F R U U H F W , X Q G H U V W D Q G W K H S H Q D O W \ I R U U H S R U W L Q J I D O V H L Q I R U P D W L R Q L V D Q H R I

Employee's signature	Date
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Employers: See Employer Instructions, on Page 2.

Is this a new or rehired employee? ^ No ^ Yes Enter date hired: mm/dd/yyyy

(PSOR\HUTV EXVLQHV V QDPH) H G H U D O (PSOR\HU , G H Q W L Q F D W L R Q
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Employer's business address		
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City/town	State	ZIP code
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Contact person	Telephone number
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