## **FORM VA-4**

## **COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION** PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. 2. 3.	, , , , , , , , , , , , , , , , , , , ,	ed to claim			
4.	. Subtotal Personal Exemptions (add lines 1 throug	h 3)			
5.	Exemptions for age				
	(a) If you will be 65 or older on January 1, write (b) If you claimed an exemption on line 2 and	l your spouse			
6.	will be 65 or older on January 1, write "1".  Exemptions for blindness  (a) If you are legally blind, write "1"	l your			
7.	Subtotal exemptions for age and blindness (add lii	nes 5 through 6)	***		
8.	Total of Exemptions - add line 4 and line 7				
	Detach here and give the certificate to ORM VA-4 EMPLOYEE'S VIRGINIA INCOME TA our Social Security Number Name				
St	treet Address				
Ci	ity	State	Zip Coo	le	
	OMPLETE THE APPLICABLE LINES BELOW  If subject to withholding, enter the number of exem  (a) Subtotal of Personal Exemptions - line 4 o  Personal Exemption Worksheet	f the			
8	(b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet				
	(c) Total Exemptions - line 8 of the Personal E	xemption Worksheet	*******************	***	
2.	Enter the amount of additional withholding requeste	ed (see instructions)			
3.					
4.	I certify that I am not subject to Virginia withholding Under the Service member Civil Relief Act, as ame	J. I meet the conditions set	forth		
	Residency Relief Act				
	nature				

2601064 Rev. 11/09