FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

2.	If you wish to claim yourself, write "1" If you are married and your spouse is not claimed on his or her own certificate, write "1" 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)					
5.	Exemptions for age					
c	 (a) If you will be 65 or older on January 1, write "1"					
б.	Exemptions for blindness (a) If you are legally blind, write "1"					
7.	Subtotal exemptions for age and blindness (add lines 5 through 6)					
8.	Total of Exemptions - add line 4 and line 7					

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 S	Social Security Number	Name					
Street	Address	1			*******		
City			State	Zip Code	Zip Code		
1. If s	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						
:	b) Subtotal of Exem	ptions for Age and Blindness onal Exemption Worksheet					
((c) Total Exemptions	- line 8 of the Personal Exempt	ion Worksheet				
2. En	Enter the amount of additional withholding requested (see instructions)						
3. Ic set	I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions						
Un	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						

Signature

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