



Dartmouth College

Payroll Office
7 Lebanon Street, Suite 309
Hanover, NH 03755
Hinman Box 6161

E-Mail: Dartmouth.Payroll@Dartmouth.edu
Website: www.dartmouth.edu/payroll
Telephone (603) 646-2697

NOTE: Any Vermont resident who wishes to have VT state tax withheld from their paycheck must complete this form.

Parts 1 & 2: Print or type your Name and Social Security Number

Part 3: Check this box if you wish your Vermont withholding to be the same as your Federal W-4

Part 4: a. If you are a partner in a civil union, check either "Civil Union" or "Civil Union" but withhold at the higher Single rate. Otherwise check the filing status used on the Federal W-4.

b. Enter the number of withholding allowances for Vermont withholding. If you claimed additional allowances for Federal tax because of anticipated child credit or education credit, do not claim these additional allowances for VT withholding.

c. If you want an additional amount to be deducted from each paycheck, enter that amount here.

Part 5: Sign and date the form and return it to your employer.

STATE OF VERMONT DEPT OF TAXES W-4VT VERMONT EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

PART 1 First Name: _____

PART 2 Social Security Number: _____

Initial: _____

Last Name: _____

PART 3 _____ Use Federal W-4 If you check this box, do not complete Part 4, withholding will be computed from the filing status and withholding allowances shown on your Federal W-4.

PART 4a. Is your Vermont filing status: (please check the appropriate box)

_____ Single _____ Married _____ Married, but withhold at the higher single rate

_____ Civil Union _____ Civil Union, but hold at the higher Single rate

b. Total number of Vermont withholding allowances

b. _____

c. Additional amount, if any, of VT tax to be withheld from each paycheck

c. _____

PART 5 I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Signature _____ Date _____

_____ I REQUEST DARTMOUTH COLLEGE TO STOP WITHHOLDING VERMONT TAX

If electing to withhold Vermont Income Tax above, by signing this form I understand this agreement is voluntary and I am responsible for notifying the payroll office in writing should I wish to discontinue it.

Signature _____ Date _____