Centralized Employee Registry Reporting Form

TO BE COMPLETED BY THE EMPLOYER
within 15 days of hire. Please Print or Type.

Submit this information online at
www.iowachildsupport.gov
...or mail this portion of the page to Centralized Employee Registry, PO Box 10322, Des Moines IA 50306-0322; **or fax** it to 1-800-759-5881.
Please include your FEIN.

EMPLOYER INFORMATION - FEIN Required

___ – _____ – ___
FEIN plus last 3-digit suffix as shown on your Iowa label or return.

(_____) _____ — _____
Phone: Area Code + Telephone Number

Name: _____

Street Address: _____

_____

City: _____ State: ___ Zip Code: _____ – _____

Questions: For A through D below, please see instructions on back for definitions and clarification.

A. Is dependent health care coverage available? Yes ☐ or No ☐

B. Approximate date this employee qualifies for coverage: ___ ___ ___
MM DD YYYY

C. Employee start date: ___ ___ ___
MM DD YYYY

D. Address where income withholding and garnishment orders should be sent, if different than above address.

Street Address: _____

_____

City: _____ State: ___ Zip Code: _____ – _____

EMPLOYEE INFORMATION

Employee's Date of Birth: ___ ___ ___
MM DD YYYY

Employee's Social Security Number: ___ – ___ – ____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

_____

City: _____ State: _____ Zip Code: _____

Iowa Department of Revenue
www.state.ia.us/tax

IA W4 2008

Employee Withholding Allowance Certificate

To be completed by the employee

Marital status: ☑ Single ☐ Married (If married but legally separated, check Single.)

Print your full name: _____ Social Security No.: _____

Home Address: _____ City _____ State ____ Zip Code _____

EXEMPTION FROM WITHHOLDING. If you do not expect to owe any Iowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: _____ and the year effective here: _____ **Nonresidents may not claim exemption.**

IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

1. Personal allowances 1. 1
2. Allowances for dependents ..... 2. _____
3. Allowances for itemized deductions ..... 3. _____
4. Allowances for adjustments to income ..... 4. _____
5. Allowances for child and dependent care credit ..... 5. _____
6. Total allowances. Add lines 1 through 5. ..... 6. 1
7. Additional amount, if any, you want deducted each pay period ..... 7. _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employee Signature _____

Date _____

Employers: Detach this part and keep in your records unless more than 22 withholding allowances are claimed. If more than 22 allowances are claimed, complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form.

Employer's name / address: _____

_____ FEIN: _____