

2015 Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

You must complete and provide your employer with Form W-4MN if you:

- claim fewer Minnesota withholding allowances than your federal allowances;
- claim more than 10 Minnesota withholding allowances;
- want additional Minnesota withholding deducted from your pay each pay period; or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, do not complete this form.

Employee Information	Employee's first name and initial		Last name		Employee's Social Security number		
	Permanent address					Marital status (check one box) <input type="checkbox"/> Single; Married, but legally separated, or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
	City	State	ZIP code				

Employees: Read instructions on back, complete Section 1 OR Section 2, sign and give the completed form to your employer. (Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.)

Minnesota Allowances	<input type="checkbox"/> Section 1 – Determining Minnesota allowances	
	Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.	
	1 Total number of federal allowances claimed on federal Form W-4 1 _____ 2 Total number of Minnesota allowances (line 2 cannot be more than line 1) 2 _____ 3 Additional Minnesota withholding you want deducted each pay period 3 \$ _____	

Exempt from Minnesota Withholding	<input type="checkbox"/> Section 2 – Exemption from Minnesota withholding	
	Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:	
	<input type="checkbox"/> I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.	
	<input type="checkbox"/> Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.	
	<input type="checkbox"/> My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is _____.	

Sign Here	I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.		
	Employee's signature	Date	Daytime phone

Employees: Give the completed form to your employer.

Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), you must enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. (Incomplete forms are considered invalid.) **A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.**

Keep a copy for your records.

Employer Information	Name of employer		Federal employer ID number (FEIN)	Minnesota tax ID number
	Address	City	State	ZIP code

(Rev. 2/15) **Questions?** Website: www.revenue.state.mn.us. Email: withholding.tax@state.mn.us. Phone: 651-282-9999 or 1-800-657-3594.