

# 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](http://www.iowachildsupport.gov)  
...or mail this portion of the page to Centralized Employee  
Registry, PO Box 10322, Des Moines IA 50306-0322; or fax  
to 1-800-759-5881.

## EMPLOYER INFORMATION

FEIN Required  
4 2 - 6 0 0 5 2 2 1 - 0 0 1 Telephone Number: (712) 279 - 6480

FEIN plus last 3-digit suffix used when filing Iowa withholding tax.

Name: Woodbury County Human Resources Dept.  
Address: Woodbury County Courthouse  
620 Douglas St. - Room 701  
City: Sioux City State: IA ZIP: 51101

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.

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## EMPLOYEE INFORMATION

Employee's Date of Birth: MM DD YYYY Employee's Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



Iowa Department of Revenue

[www.iowa.gov/tax](http://www.iowa.gov/tax)

### 2013 IA W-4

## 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 Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**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 this exemption.**

Check this box if you are claiming exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009.

If claiming the military spouse exemption, enter your state of domicile here: \_\_\_\_\_

### IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

1. Personal allowances ..... 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. \_\_\_\_\_
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: \_\_\_\_\_