



Mississippi Department of Revenue
P.O. Box 960
Jackson, MS 39205

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name: _____ SSN: _____
Employee's Residence Address: _____
Number and Street _____ City or Town _____ State _____ Zip Code _____

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

Table with columns: Marital Status, Personal Exemption Allowed, Amount Claimed. Rows include: 1. Single, 2. Marital Status (a) Spouse NOT employed, (b) Spouse IS employed, 3. Head of Family, 4. Dependents, 5. Age and Blindness, 6. TOTAL AMOUNT OF EXEMPTION CLAIMED, 7. Additional dollar amount of withholding, 8. Military Spouses Residency Relief Act.

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

- 1. The personal exemptions allowed: (a) Single Individuals \$6,000, (b) Married Individuals (Jointly) \$12,000, (c) Head of family \$9,500, (d) Dependents \$1,500, (e) Age 65 and Over \$1,500, (f) Blindness \$1,500
2. Claiming personal exemptions: (a) Single Individuals enter \$6,000 on Line 1. (b) Married individuals are allowed a joint exemption of \$12,000. (c) Head of Family. (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.
3. Total Exemption Claimed: Add the amount of exemptions claimed in each category and enter the total on Line 6.
4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.
5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION
6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION..
7. To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.