Clear Form

# Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your pay.

| **Personal Information** | |
|---|---|
| First, Middle, Last Name<br>Brandon Rivera | Social Security Number<br>623-43-9408 |
| Address<br>1008 S Third St. #305<br>City / State / ZIP Code<br>San Jose / CA / 95112 | Filing Status<br>☒ Single or Married (with two or more incomes)<br>☐ Married (one income)<br>☐ Head of Household |

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (**Worksheet A**) _____
   - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**) _____
   - 1c. Total Number of Allowances you are claiming _____
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)** _____

OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2026, and I certify I meet both conditions for exemption. (Check box here) ☒

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here) ☒

Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature *Brandon Rivera* Date 11/18/2026

| **Employer's Section:** Employer's Name and Address | California Employer Payroll Tax Account Number |
|---|---|
| Hammer Head Security Inc<br>4551 South B Street, Stockton, CA 95206 | 3922058 |

The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

As of January 1, 2020, the *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) Your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) You are present in California solely to be with your spouse; and

(iii) You maintain your domicile in another state.

If you claim exemption under this act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide* (DE 44) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting Payroll Taxes - Forms and Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB (ftb.ca.gov).

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**Notification**: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty**: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes.xhtml).

# Worksheets

**Instructions — 1 — Allowances***

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

**Two-Earners or Multiple Incomes:** When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following:
(1) Your spouse will not live with you **at any time** during the year;
(2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
(3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

**Worksheet A** **Regular Withholding Allowances**

| | | |
|---|---|---|
| (A) | Allowance for yourself — enter 1 | (A) _____ |
| (B) | Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) _____ |
| (C) | Allowance for blindness — yourself — enter 1 | (C) _____ |
| (D) | Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| (E) | Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) _____ |
| (F) | Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) _____ |

**Instructions — 2 — Additional Withholding Allowances (Optional)**

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

**Worksheet B** **Estimated Deductions**

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

| | | | |
|---|---|---|---|
| 1. | Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. | _____ |
| 2. | Enter $11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $5,706 if single or married filing separately, dual income married, or married with multiple employers | – 2. | _____ |
| 3. | Subtract line 2 from line 1, enter difference | = 3. | _____ |
| 4. | Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. | _____ |
| 5. | Add line 4 to line 3, enter sum | = 5. | _____ |
| 6. | Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. | _____ |
| 7. | If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference | = 7. | _____ |
| 8. | Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**. | 8. | _____ |
| 9. | If line 6 is greater than line 5; Enter amount from line 6 (nonwage income) | 9. | _____ |
| 10. | Enter amount from line 5 (deductions) | 10. | _____ |
| 11. | Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. | _____ |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

**Worksheet C** **Additional Tax Withholding and Estimated Tax**

| | | |
|---|---|---|
| 1. | Enter estimate of total wages for tax year 2026. | 1. _____ |
| 2. | Enter estimate of nonwage income (line 6 of Worksheet B). | 2. _____ |
| 3. | Add line 1 and line 2. Enter sum. | 3. _____ |
| 4. | Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). | 4. _____ |
| 5. | Enter adjustments to income (line 4 of Worksheet B). | 5. _____ |
| 6. | Add line 4 and line 5. Enter sum. | 6. _____ |
| 7. | Subtract line 6 from line 3. Enter difference. | 7. _____ |
| 8. | Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below. | 8. _____ |
| 9. | Enter personal exemptions (line F of Worksheet A x $168.30). | 9. _____ |
| 10. | Subtract line 9 from line 8. Enter difference. | 10. _____ |
| 11. | Enter any tax credits. (See FTB Form 540). | 11. _____ |
| 12. | Subtract line 11 from line 10. Enter difference. This is your total tax liability. | 12. _____ |
| 13. | Calculate the tax withheld and estimated to be withheld during 2026. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026. | 13. _____ |
| 14. | Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. | 14. _____ |
| 15. | Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. | 15. _____ |

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2026 Only*

**Single Persons, Dual Income Married or Married With Multiple Employers**

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|---|---|---|---|---|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| $0 | $11,079 | 1.100% | $0 | $0.00 |
| $11,079 | $26,264 | 2.200% | $11,079 | $121.87 |
| $26,264 | $41,452 | 4.400% | $26,264 | $455.94 |
| $41,452 | $57,542 | 6.600% | $41,452 | $1,124.21 |
| $57,542 | $72,724 | 8.800% | $57,542 | $2,186.15 |
| $72,724 | $371,479 | 10.230% | $72,724 | $3,522.17 |
| $371,479 | $445,771 | 11.330% | $371,479 | $34,084.81 |
| $445,771 | $742,953 | 12.430% | $445,771 | $42,502.09 |
| $742,953 | $1,000,000 | 13.530% | $742,953 | $79,441.81 |
| $1,000,000 | and over | 14.630% | $1,000,000 | $114,220.27 |

**Unmarried/Head of Household**

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|---|---|---|---|---|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| $0 | $22,173 | 1.100% | $0 | $0.00 |
| $22,173 | $52,530 | 2.200% | $22,173 | $243.90 |
| $52,530 | $67,716 | 4.400% | $52,530 | $911.75 |
| $67,716 | $83,805 | 6.600% | $67,716 | $1,579.93 |
| $83,805 | $98,990 | 8.800% | $83,805 | $2,641.80 |
| $98,990 | $505,208 | 10.230% | $98,990 | $3,978.08 |
| $505,208 | $606,251 | 11.330% | $505,208 | $45,534.18 |
| $606,251 | $1,000,000 | 12.430% | $606,251 | $56,982.35 |
| $1,000,000 | $1,010,417 | 13.530% | $1,000,000 | $105,925.35 |
| $1,010,417 | and over | 14.630% | $1,010,417 | $107,334.77 |

**Married Persons**

| IF THE TAXABLE INCOME IS | | COMPUTED TAX IS | | |
|---|---|---|---|---|
| OVER | BUT NOT OVER | OF AMOUNT OVER... | | PLUS |
| $0 | $22,158 | 1.100% | $0 | $0.00 |
| $22,158 | $52,528 | 2.200% | $22,158 | $243.74 |
| $52,528 | $82,904 | 4.400% | $52,528 | $911.88 |
| $82,904 | $115,084 | 6.600% | $82,904 | $2,248.42 |
| $115,084 | $145,448 | 8.800% | $115,084 | $4,372.30 |
| $145,448 | $742,958 | 10.230% | $145,448 | $7,044.33 |
| $742,958 | $891,542 | 11.330% | $742,958 | $68,169.60 |
| $891,542 | $1,000,000 | 12.430% | $891,542 | $85,004.17 |
| $1,000,000 | $1,485,906 | 13.530% | $1,000,000 | $98,485.50 |
| $1,485,906 | and over | 14.630% | $1,485,906 | $164,228.58 |

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit FTB (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. More information is in the instructions that came with your last California resident income tax return.