Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your psy. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 506, Tax Withholding and Estimated Tax.

Note; If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- Is blind, or
- Will claim adjustments to income: tax credits; or Itemized deductions, on his or her tax return.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, cartain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat emount or percentage of wages.

Head of household. Generally, you can claim head of household filing atatus on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependently or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and filling information, for information.

Tax credits. You can take projected tax credits into Tax credits. To can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child lax credit may be olaimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances. Nonwage income, if you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for individuals, Otherwise, you may ove additioned tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple Jobs. If you have a working spouse or more than one Job, figure the total number of allowances you are entitled to claim on all Jobs using Worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying Job and zero allowances are claimed on the thorn to the rest. See Pub. 505 for details.

Nonrealdent allen. If you are a nonrealdent allen, see Notice 1392, Supplemental Form W-4 instructions for Nonrealdent Allens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017, See Pub. 505, sepecially it your semings exceed \$130,000 (Single) or \$180,000 (Marricd).

Future developments, information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

	Personal A	Allowances Workshe	et (Keep for y	your records.)		
A	Enter "1" for yourself if no one else can cla	im you as a dependent .				Α
	 You're single and have c 	only one job; or			J	
В	Enter "1" if: • You're married, have onl	y one job, and your spou	se doesn't work	; or	}	в
	 Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 					
С	Enter "1" for your spouse. But, you may choose to enter "-0-" If you are married and have either a working spouse or more					3
	than one job. (Entering "-0-" may help you:	withheld.)			c	
D	Enter number of dependents (other than ye	our spouse or yourself) yo	ou will claim on y	your tax return		σ α
Ε	Enter "1" if you will file as head of househousehousehousehousehousehousehouse	e conditions und	der Head of housel	nold above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit					F
	(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.					
	 If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you 					
	have two to four eligible children or less "2" if you have five or more eligi					
	• If your total income will be between \$70,00				G	
H	Add lines A through G and enter total here. (No					
	For accuracy, fo	come and want t	to reduce your withh	olding, see the Dedu	ctions	
	complete all . If you are single and have more than one job or are			are married and you and your spouse both work and the combined		
	worksheets earnings from all jobs ex	ceed \$60,000 (\$20,000 If r	narried), see the	Two-Earners/Multi	ole Jobs Worksheet	on page 2
	that apply. to avoid having too little				en line E of Corro M.	4 6-41
	• II nenner or the above	situations applies, stop he	ere and enter the	number from the H	ON HINE D OF FORM WE	telow.
	tment of the Treasury at Revenue Service Whether you are entired subject to review by the	e's Withholding lied to claim a certain numbe e IR\$. Your employer may b	er of allowances o	r exemption from with	holding is the IRS.	3 No. 1545-0074 20 1 7
1	Your first name and middle initial	Last name			2 Your social securi	ity number
	Home address (number and street or rural route)		a □ Single [Married Marri	ed, but withhold at highe	or Single rate.
	1	1	Note: If married, but legally separated, or spouse is a nonresident elien, check the "Single" box.			
	City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card,			
		•	check here. Y	You must call 1-800-7	72-1213 for a replaced	nent cerd. 🕨 🔲
5	Total number of allowances you are cla	iming (from line H above	or from the app	licable worksheet o	n page 2) 5	
6	6 Additional amount, if any, you want withheld from each paycheck					
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.					
	Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
	 This year I expect a refund of all federal income tax withheld because 			to have <mark>no tax</mark> liab	ility.	
	If you meet both conditions, write "Exempt" here				7	_
Ünd	for penalties of perjury, I declare that I have ex	amined this certificate and	i, to the best of n	ny knowledge and b	alief, it is true, correct	, and complete.
	ployee's signature s form is not Valid unless you eign it.) 🕨				Date ► ·	
<u> </u>	Employer's name and address (Employer; Com	plete lines 6 and 10 only if ser	iding to the IRS.)	9 Office code (optional)	10 Employer Identiti	cation number (EIN)
Zel	ano Healthcare LLC 2302 Post Oak Drive Co		, , ,	11-379	9396	
	Privacy Act and Panerwork Reduction Act			Cet. No. 102200		Form W-4 (201)

Cat. No. 10220Q