



How to Complete the W-4 & DE 4 for Fresno County IHSS Care Providers

As an IHSS Care Provider, you have the option to complete a W-4 and DE 4 to have Federal & State taxes withheld from your wages. **If you do not submit W-4 and DE 4 forms, federal and state income taxes will not be withheld from your wages.**

Unfortunately, we cannot provide any tax advice. Please contact the IRS or your tax preparer for questions regarding withholdings or exclusions. For more information, please visit the IRS website (www.irs.gov). Please note that white out, redactions & photocopies are not accepted.

You can download these forms at: <https://www.fresnocountyca.gov/IHSSForms>

W-4

STEP 1:

- (a) Enter your full name and complete home address including city, state, zip
- (b) Enter your social security number
- (c) Mark your filing status (pick one):
 - Single or Married filing separately; Married filing jointly; or Head of household

STEPS 2-4:

Complete these steps only if they apply to you. See page 2 of the W-4 for more information about each step and instructions on if these apply to your situation or not.

From W-4 Page 2 section titled "Exempt from withholding":

"...To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5..."

STEP 5:

Please make sure you have signed and dated the form.

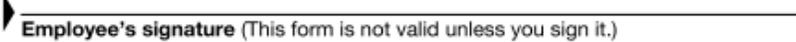
MUST BE WET SIGNATURE. NO ELECTRONIC SIGNATURES OR COPIES ACCEPTED

EMPLOYERS ONLY SECTION:

Employer's Name and Address:

Write in your IHSS Recipient's FULL NAME

Employer identification number (EIN): Write "10-" then your Recipient's IHSS Case number (7 digits).

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	 Employee's signature (This form is not valid unless you sign it.)		 Date
Employers Only	Employer's name and address Recipient's Name	First date of employment	Employer identification number (EIN) 10-Case Number

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2022)

DE 4

Enter Personal Information:

(a) Enter your full name and complete home address including city, state, zip

(b) Enter your social security number

(c) Mark your filing status (pick one):

- Single or Married filing separately; Married filing jointly; or Head of household

STEPS 1-2:

Complete these steps only if they apply to you. See page 3 of the DE 4 for more information about each step and instructions on if these apply to your situation or not.

STEPS 3 -4:

See page 1 for more information about Exemption from Withholding.

STEP 5:

Please make sure you have signed and dated the form.

MUST BE WET SIGNATURE. NO ELECTRONIC SIGNATURES OR COPIES ACCEPTED

EMPLOYER'S SECTION:

Employer's Name and Address:

Write in your IHSS Recipient's FULL NAME.

California Employer Payroll Tax Account Number:

Write "10- "then your Recipient's IHSS Case number (7 digits).

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address Recipient's Name	California Employer Payroll Tax Account Number 10-Case Number
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Once completed and signed, W-4/DE 4 forms should be submitted by mail to:

IHSS Payroll Management Unit

PO Box 1660

West Sacramento, CA 95691-6660

Please do not submit to your local county office

What's Next?

After your W-4 & DE 4 forms are received at West Sacramento, please allow 4-6 weeks processing time for your filing status and/or withholdings to be updated. If there are errors, your forms will be returned to you for correction at the address on file.

Questions? Please contact the IHSS Provider and Recipient Call Center (PARCC):
(559) 600-6666 option 4