



DELAWARE FORM

DIVISION OF REVENUE WTH-EXM

ANNUAL WITHHOLDING TAX EXEMPTION CERTIFICATION FOR MILITARY SPOUSE FORMERLY W-4DE



Read the instructions before completing this form. Except for signature you must print.

EMPLOYEE NAME

EMPLOYEE SOCIAL SECURITY NUMBER

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MILITARY SERVICEMEMBER SPOUSE'S NAME

SPOUSE'S SOCIAL SECURITY NUMBER

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STREET ADDRESS WHERE YOU BOTH CURRENTLY RESIDE

CITY

STATE

ZIP CODE

NAME OF MILITARY SERVICEMEMBER'S STATION

CITY

STATE

ZIP CODE

FORM WTH-EXM is to be used only for Employees claiming exemption from Delaware's Income Tax Withholding requirements because they meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act (P.L. 111-97).

In order to qualify you must complete this form in full, meet all the conditions below and certify that you are not subject to Delaware withholding tax because you meet these conditions.

My spouse is a military servicemember (Check one)

☐

Yes

☐

No

I am NOT a military servicemember (Check one)

☐

Yes

☐

No

My military servicemember spouse has current military orders assigning him or her to a military location near Delaware (Check one)

☐

Yes

☐

No

My domicile is a state other than Delaware (Check one)

☐

Yes

☐

No

If yes, give name of State of Domicile

Start Date

☐

START EXEMPTION - Check here if you answered "YES" to ALL of the above questions, note the start date here and sign below

☐

TERMINATE EXEMPTION. Check here if the answer to one of four questions above is "NO" to start having Delaware tax withheld, note the start date here and sign below

Start Date

Under penalties of perjury, I certify that I am not subject to Delaware withholding tax because I meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act (P.L. 111-97)

EMPLOYEE'S SIGNATURE

DATE

PHONE NUMBER

EMPLOYER'S NAME

EMPLOYER'S SIGNATURE

DATE

GIVE THE CERTIFICATE TO YOUR EMPLOYER. KEEP A COPY FOR YOUR RECORDS.