

Distribution Request Form

Protective Life Insurance Company (PLICO/"the Company")¹
Protective Life and Annuity Insurance Company (PLAIC/"the Company")

Contract Owner _____

Customer Service Office:

Contract Annuitant _____

P.O. Box 1928

Contract Number _____

Birmingham, AL 35201-1928

Daytime Phone Number _____

Telephone: 1-800-621-5001

Plan Type _____

Fax: 1-205-268-6479

Section 1: Distribution Amount

Distributions may be subject to income tax and if made before age 59 1/2 may be subject to an additional 10% IRS penalty. The company suggests that you consult an attorney, accountant, or tax advisor for information prior to requesting a distribution.

Full distribution will result in termination of contract.

Check One: I hereby request a total SURRENDER of my contract/certificate (please enclose).

I/we certify that this contract has been lost or destroyed. If it is found later, I/we agree to surrender it to the company without claim.

Partial distribution (check one below) must meet minimum withdrawal amount requirements for the product, except RMD's.

Check One: Gross withdrawal \$_____ : Deduct any withdrawal charges and tax withholding from the amount requested.

Net withdrawal \$_____ : Issue check for amount requested. Deduct any withdrawal charges and tax withholding separately.

Interest only: Distribute all interest earnings from the fixed account. Will be processed as a gross withdrawal.

Penalty free amount: Withdraw maximum amount without incurring surrender charges. Will be processed as a gross withdrawal.

Required Minimum distribution (RMD): Will be calculated using a uniform distribution period that is based on IRS tables. If you have a spouse as sole beneficiary who is more than 10 years younger, your distributions will be based upon the joint life expectancy of you and your spouse. Does not apply to non-qualified or ROTH IRA contracts.

The withdrawal will be taken pro-rata from all existing Subaccounts / Fixed Accounts. Withdrawals from Guaranteed Period Accounts may incur a market value adjustment.

Section 2 : Withdrawal Request - One Time Withdrawal for Contracts with Riders

Important Notice Regarding Excess Withdrawals:

Withdrawals in excess of the guaranteed withdrawal amount called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

I want to take a One-Time withdrawal in the amount of \$_____.

Section 3: Reason for Distribution (Not applicable to IRA and Non-Qualified contracts)

Participant has attained age 59 1/2

Severance of employment after participant has attained age 55 - Date of severance _____ / _____ / _____

Severance of employment - Date of severance _____ / _____ / _____

Disability. By checking this box, I certify that I am unable to engage in substantial gainful employment due to an impairment that is of a continuing or permanent nature as defined under Internal Revenue Code Section 72(m)(7).

Financial hardship. (complete Section 4)

¹ Not licensed in New York

Section 4: Vesting Instructions (for 401(a), 401(k), 403(b), 457, ORP & ARP Plans) This section must be completed by the Plan Administrator.

Are employer contributions vested?

Yes No If no, indicate the percentage amount vested: _____ %

Section 5: Financial Hardship Distribution Under 403(b) Plans (Not Applicable to IRA and Non-Qualified Contracts)

Hardship withdrawals are available according to Internal Revenue Code Sections 401(k)(2), section 403(b), and Federal Tax Regulations. Hardship withdrawals must satisfy an immediate, heavy financial need as defined by the aforementioned Regulations. A financial hardship need may include:

- Medical expenses incurred by me, my spouse or dependents
- Tuition, related educational fees, room and board expenses for the next 12 months of post-secondary education for me, my spouse or dependents
- Purchase of my principal residence (excluding mortgage payments)
- Preventing foreclosure of my principal residence or eviction from my principal residence
- Payments for burial or funeral expenses for myself, my parent, spouse, child, dependent, or deceased primary beneficiary
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code section 165
- Expenses and losses (including loss of income) incurred by me on account of a disaster declared by the Federal Emergency Management Agency (FEMA)

Available Resources

Prior to requesting a financial hardship distribution, you must use resources that are reasonably available to you to satisfy the financial hardship need, including assets of your spouse and minor children.

Certification

I certify that all the information I have provided is accurate and that the distribution is for an immediate heavy financial need as defined by relevant IRS guidance. I also certify that the amount of the distribution I have requested does not exceed the amount necessary to relieve my financial hardship need and that I have used all resources that are reasonably available to me to satisfy the financial need.

Participant Name

Participant Signature

Date

Section 6: Mailing Instructions (Please allow 3-5 business days for EFT to be received at your bank.)

Check One: Address of record Other (indicate address below) This is a permanent address change
 I wish to use Electronic Funds Transfers (Direct Deposit). I authorize the company to correct electronically any overpayments of erroneous credits made to my account. **Please attach a voided check to this request.**

Please note - Express mail will not be delivered to a PO Box

Street Address

City

State

Zip Code

Section 7: Express Mail

Please withdraw \$15.00 from my account and express mail the check to the address indicated in the Mailing Instructions section. I understand that this constitutes a distribution from my account and the company will withhold the appropriate amount for federal income taxes (if withholding is elected). Express fees may change based on mailing address but currently will not exceed \$15.00.

Section 8: Special Instructions

Section 9: Additional 10% Tax if You Are Under Age 59½

If you receive a distribution before you reach age 59½ and you do not roll over the payment to an eligible retirement plan, then in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. See IRS Form 5329 for more information on the additional 10% tax.

Section 10: Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS Form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below Do not withhold if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in effect until you notify us that you want to change them. You make below.

1) Tax Withholding for IRA's and Non-Qualified Annuities Only

a. Federal income taxes

Withhold 10% Withhold \$ _____ or _____ % Do not withhold

b. State income taxes

Withhold \$ _____ or _____ % Withhold as required by my state Do not withhold

2) Tax Withholding for 401(k), 403(b), or 457 Annuities Only

a. Federal income taxes

Withhold 20% Withhold \$ _____ or _____ % (cannot be less than 20%)

b. State income taxes

Withhold \$ _____ or _____ % Withhold as required by my state Do not withhold

Section 11: Notary

For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payees. If your request does not include a notarization, we will process your request as a check to the address of record.

NOTARY PUBLIC SEAL STAMP HERE:

Notary Public Signature

Date

Title

Section 12: Social Security Number (SSN) or Taxpayer Identification Number (TIN)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) _____ . If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN. _____

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US Citizen or a US resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual): <input type="checkbox"/> Single-member LLC <input type="checkbox"/> C Corporation or S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC classified as a C Corporation or a S Corporation <input type="checkbox"/> LLC classified as Partnership <input type="checkbox"/> Other (explain) _____	FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explains these codes. If you are an individual, then you should not fill-in any codes below: Exempt Payee Code: _____ Exemption from FATCA Reporting Code (if any): _____
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Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at www.irs.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

Section 13: Signatures

By signing below, the Owner(s), Participant and Plan Administrator hereby certify that the information provided in this request is complete and accurate, and understand that the Company will process this request according to the information provided. By signing below, the Participant acknowledges that he/she has been provided with the Special Tax Notice and affirmatively elects to process the distribution as requested. The special tax notice only applies to 403(b) and 457 plans. This affirmative election will waive the 30 day period to which the Participant is entitled to consider this distribution.

Name of Owner / Participant	Owner Signature / Participant Signature	Date
Name of Joint Owner	Joint Owner Signature	Date
Name of Plan Administrator (if any)	Plan Administrator Signature	Date
Agreed by: (Assignee Signature, if any)	Date	
Agreed by: (Irrevocable Beneficiary Signature, if any)	Date	

If the Owner or Participant (if other than Owner) resides in a Community Property State, we recommend that the spouse of the Owner or Participant (as applicable) join in signing this form. This is for the protection of both parties. Please sign and date below.

Spouse Signature	Date
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Spousal Consent for ERISA plans: I hereby consent to the request as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by chance to the contract.

Participant has no legal spouse.

Spouse Signature	Date
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NC-4P Withholding Allowance Certificate for Pension or Annuity Payments

PURPOSE – Form NC-4P is for North Carolina residents who are recipients of income from pensions, annuities, and certain other deferred compensation plans. Use the form to tell payers whether you want any State income tax withheld and on what basis. You can also use the form to choose not to have State income tax withheld. However, you cannot make this choice for eligible rollover distributions. The method and rate of withholding depends on whether the payment you receive is a periodic payment or a nonperiodic distribution. This form is also to be used by a nonresident with a North Carolina address to indicate that no tax is to be withheld from pension payments.

Caution – If you furnish a pension payer a **Withholding Certificate for Pension or Annuity Payments** that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld. You may be subject to interest for underpayment of estimated income tax, that applies for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees should see Form NC-40, Individual Estimated Income Tax, for details on the estimated income tax requirements. You may be able to avoid quarterly estimated income tax payments by having enough tax withheld from your pension or annuity using Form NC-4P.

PERIODIC PAYMENTS. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than one year. They may be paid annually, quarterly, monthly, etc. If you want State income tax withheld, you should complete the **Form NC-4P Allowance Worksheet**. You can designate an additional amount to be withheld on line 3 of Form NC-4P. Submit the completed form to your payer. If you do not submit Form NC-4P to your payer, the payer must withhold on periodic payments as if your filing status is "Single" with no withholding allowances.

For periodic payments, your Form NC-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have State income tax withheld or to revoke your election.

NONPERIODIC DISTRIBUTIONS – 4% WITHHOLDING. Your payer must withhold a flat 4% from a nonperiodic distribution unless you choose not to have income tax withheld. A nonperiodic distribution means any distribution which is not a periodic payment. Distributions from an IRA that are payable on demand are treated as nonperiodic distributions. The election to withhold from nonperiodic distributions applies on a distribution by distribution basis. If you choose not to have tax withheld from a nonperiodic distribution, you should check the box on Line 1 of Form NC-4P and submit the completed form to your payer. **Exception:** If the nonperiodic

distribution is an eligible rollover distribution, State tax withhold is not required on a distribution paid in a direct rollover to an eligible retirement plan, including an IRA. Otherwise, the recipient cannot elect not to have State tax withheld from an eligible rollover distribution.

MISSING OR INCORRECT TAXPAYER IDENTIFICATION NUMBER. If you submit an NC-4P that does not contain the taxpayer identification number, or if the identification number is incorrect, the payer cannot honor your request not to have income tax withheld. The payer must withhold on periodic payments as if your filing status is "Single" with no withholding allowances. Withholding on nonperiodic distributions will be at the 4% rate.

REVOKING YOUR "NO WITHHOLDING" CHOICE. If you previously chose not to have State income tax withheld on either periodic or nonperiodic payments, complete another NC-4P and submit to your payer. Write "Revoked" next to the check box on Line 1 of the form and tax will be withheld at the rate set by law.

IMPORTANT. If you are a government retiree whose income is exempt from State income tax as a result of the *Bailey Settlement* or if you are a qualifying retiree of the uniformed services of the United States, you should choose no withholding by checking the box on Line 1 of Form NC-4P. (See Publication NC-30, *Income Tax Withholding Tables and instructions for Employers*, for more information.)



Cut here and give this certificate to your employer. Keep the top portion for your records.



NC-4P Withholding Certificate for Pension or Annuity Payments

Type or print your first name and middle initial	Last Name	Your social security number
Home address (number and street or rural route)	Claim or identification number (if any) of your pension or annuity contract	
City or town, state, and ZIP code		

Complete the following applicable lines:

- Check here if you do not want any State income tax withheld from your pension or annuity. (Do not complete Lines 2 or 3.) ►
- Total number of allowances you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on Line 3.)..... ► _____
Filing status: Single or Married Filing Separately Married Filing Jointly or Surviving Spouse Head of Household (Enter number of allowances)
- Additional amount, if any, you want withheld from each pension or annuity payment. **Note:** For periodic payments you cannot enter an amount here without entering the number (including zero) of allowances on Line 2..... ► \$

Your Signature ►

Date ►

NC-4P Allowance Worksheet

Part I

Answer **all** of the following questions **for your filing status**.

Single –

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$15,249?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will you have federal adjustments or State deductions from income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Will you be able to claim any N.C. tax credits or tax credit carryovers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered “No” to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4P, Line 2.

If you answered “Yes” to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4P, Line 2.

Married Filing Jointly –

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$27,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will you have federal adjustments or State deductions from income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Will you be able to claim any N.C. tax credits or tax credit carryovers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Will your spouse receive combined wages and taxable retirement benefits of less than \$10,250 or only retirement benefits not subject to N.C. income tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered “No” to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4P, Line 2.

If you answered “Yes” to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4P, Line 2.

Married Filing Separately –

1. Will your portion of N.C. itemized deductions from Page 3, Schedule 1 exceed \$15,249?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will you have federal adjustments or State deductions from income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Will you be able to claim any N.C. tax credits or tax credit carryovers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered “No” to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4P, Line 2.

If you answered “Yes” to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4P, Line 2.

Head of Household –

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$21,624?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will you have federal adjustments or State deductions from income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Will you be able to claim any N.C. tax credits or tax credit carryovers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered “No” to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4P, Line 2.

If you answered “Yes” to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4P, Line 2.

NC-4P Allowance Worksheet

Surviving Spouse -

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$27,999?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Will you have federal adjustments or State deductions from income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Will you be able to claim any N.C. tax credits or tax credit carryovers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "No" to all of the above, **STOP HERE** and enter **Five (5)** as total allowances on Form NC-4P, Line 2.

If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances. Otherwise, enter **Five (5)** on Form NC-4P, Line 2.

NC-4P Part II

1. Enter your total estimated N.C. itemized deductions from Page 3, Schedule 1..... 1. \$ _____.

2. Enter the applicable
N.C. standard deduction
Based on your filing status. { \$12,750 if Single
\$25,500 if Married Filing Jointly or Surviving Spouse
\$12,750 if Married Filing Separately
\$19,125 if Head of Household..... 2. \$ _____.

3. Subtract Line 2 from Line 1. If Line 1 is less than Line 2, enter ZERO (0)..... 3. \$ _____.

4. Enter an estimate of your total N.C. Child Deduction Amount from Page 3, Schedule 2..... 4. \$ _____.

5. Enter an estimate of your total federal adjustments to income and State deductions from federal
adjusted gross income..... 5. \$ _____.

6. Add Lines 3, 4, and 5..... 6. \$ _____.

7. Enter an estimate of your nonwage income (such as dividends or interest)..... 7. \$ _____.

8. Enter an estimate of your State additions to federal adjusted gross income..... 8. \$ _____.

9. Add Lines 7 and 8..... 9. \$ _____.

10. Subtract Line 9 from Line 6 (*Do not enter less than zero*)..... 10. \$ _____.

11. Divide the amount on Line 10 by \$2,500. Round down to whole number..... 11. _____
Ex. $\$3,900 \div \$2,500 = 1.56$ rounds down to 1

12. Enter the amount of your estimated N.C. tax credits..... 12. \$ _____.

13. Divide the amount on Line 12 by \$122. Round down to whole number..... 13. _____
Ex. $\$200 \div \$122 = 1.64$ rounds down to 1

14. If filing as Single, Head of Household, or Married Filing Separately, enter ZERO (0) on this line.
If filing as Surviving Spouse, enter 5.
If filing as Married Filing Jointly, enter the appropriate number from either (a), (b), (c), (d), (e), or (f) below.

(a) Your spouse expects to have zero wages and expects to receive retirement benefits of less than or
equal to \$250 for N.C. purposes, enter 5. (Taxable retirement benefits do not include: *Bailey,*
Certain Military Retirement, Social Security, and Railroad retirement)

(b) Your spouse expects to have combined wages and taxable retirement benefits of more than \$250 but
less than or equal to \$2,750, enter 4.

(c) Your spouse expects to have combined wages and taxable retirement benefits of more than \$2,750
but less than \$7,750, enter 3.

(d) Your spouse expects to have combined wages and taxable retirement benefits of more than \$5,250
but less than or equal to \$7,750, enter 2.

(e) Your spouse expects to have combined wages and taxable retirement benefits of more than \$7,750
but less than or equal to \$10,250, enter 1.

(f) Your spouse expects to have combined wages and taxable retirement benefits of more than \$10,250,
enter 0..... 14. _____

15. Add Lines 11, 13, and 14 and enter the total here..... 15. _____

16. If you completed this worksheet on the basis of Married Filing Jointly, the total number of allowances
determined on Line 15 may be split between you and your spouse, however, you choose. Enter the
number of allowances from Line 15 that your spouse plans to claim..... 16. _____

17. Subtract Line 16 from Line 15 and enter the total number of allowances here and on Line 1 of your
Form NC-4P, Withholding Certificate for Pension or Annuity Payments..... 17. _____

NC-4P Allowance Worksheet Schedules

Important: If you cannot reasonably estimate the amount to enter in the schedules below, you should enter ZERO (0) on Line 1, NC-4P.

Schedule 1

Estimated N.C. Itemized Deductions

Qualifying mortgage interest	\$ _____.
Real estate property taxes	\$ _____.
Total qualifying mortgage interest and real estate property taxes*	\$ _____.
Charitable Contributions (Same as allowed for federal purposes)	\$ _____.
Medical and Dental Expenses (Same as allowed for federal purposes)	\$ _____.
Repayment of Claim of Right Income	\$ _____.
Total estimated N.C. itemized deductions. Enter on Page 2, Part II, Line 1	\$ _____.

*The sum of your qualified mortgage interest and real estate property taxes may not exceed \$20,000. For married taxpayers, the \$20,000 limitation applies to the combined total of qualified mortgage interest and real estate property taxes claimed by both spouses, rather than to each spouse separately.

Schedule 2

Estimated N.C. Child Deduction Amount

A taxpayer who is allowed a federal child tax credit under section 24 of the Internal Revenue Code is allowed a deduction for each qualifying child unless adjusted gross income exceeds the threshold amount shown below.

The N.C. Child Deduction Amount can be claimed only for a child who is under 17 years of age on the last day of the year.

Filing Status	Adjusted Gross Income	No. of Children	Deduction Amount per Qualifying Child	Estimated Deduction
Single	Up to \$ 20,000	_____	\$ 3,000	_____
	Over \$ 20,000 Up to \$ 30,000	_____	\$ 2,500	_____
	Over \$ 30,000 Up to \$ 40,000	_____	\$ 2,000	_____
	Over \$ 40,000 Up to \$ 50,000	_____	\$ 1,500	_____
	Over \$ 50,000 Up to \$ 60,000	_____	\$ 1,000	_____
	Over \$ 60,000 Up to \$ 70,000	_____	\$ 500	_____
	Over \$ 70,000	_____	\$ -	_____
MFJ or SS	Up to \$ 40,000	_____	\$ 3,000	_____
	Over \$ 40,000 Up to \$ 60,000	_____	\$ 2,500	_____
	Over \$ 60,000 Up to \$ 80,000	_____	\$ 2,000	_____
	Over \$ 80,000 Up to \$ 100,000	_____	\$ 1,500	_____
	Over \$ 100,000 Up to \$ 120,000	_____	\$ 1,000	_____
	Over \$ 120,000 Up to \$ 140,000	_____	\$ 500	_____
	Over \$ 140,000	_____	-	_____
HOH	Up to \$ 30,000	_____	\$ 3,000	_____
	Over \$ 30,000 Up to \$ 45,000	_____	\$ 2,500	_____
	Over \$ 45,000 Up to \$ 60,000	_____	\$ 2,000	_____
	Over \$ 60,000 Up to \$ 75,000	_____	\$ 1,500	_____
	Over \$ 75,000 Up to \$ 90,000	_____	\$ 1,000	_____
	Over \$ 90,000 Up to \$ 105,000	_____	\$ 500	_____
	Over \$ 105,000	_____	\$ -	_____
MFS	Up to \$ 20,000	_____	\$ 3,000	_____
	Over \$ 20,000 Up to \$ 30,000	_____	\$ 2,500	_____
	Over \$ 30,000 Up to \$ 40,000	_____	\$ 2,000	_____
	Over \$ 40,000 Up to \$ 50,000	_____	\$ 1,500	_____
	Over \$ 50,000 Up to \$ 60,000	_____	\$ 1,000	_____
	Over \$ 60,000 Up to \$ 70,000	_____	\$ 500	_____
	Over \$ 70,000	_____	\$ -	_____

Multiple Jobs Table

Find the amount of your estimated annual wages from your lowest paying job(s) in the left hand column. Follow across to find the amount of additional tax to be withheld for each pay period. Enter the additional amount to be withheld on Line 3 of your Form NC-4P.

Additional Withholding for Single, Married, or Surviving Spouse with Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	1000	2	1	1	0
1000	2000	6	3	3	1
2000	3000	10	5	5	2
3000	4000	14	7	7	3
4000	5000	18	9	8	4
5000	6000	22	11	10	5
6000	7000	26	13	12	6
7000	8000	30	15	14	7
8000	9000	34	17	16	8
9000	10000	38	19	18	9
10000	11000	42	21	20	10
11000	12000	46	23	21	11
12000	12750	50	25	23	12
12750	Unlimited	52	26	24	12

Additional Withholding for Head of Household Filers with Multiple Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	1000	2	1	1	0
1000	2000	6	3	3	1
2000	3000	10	5	5	2
3000	4000	14	7	7	3
4000	5000	18	9	8	4
5000	6000	22	11	10	5
6000	7000	26	13	12	6
7000	8000	30	15	14	7
8000	9000	34	17	16	8
9000	10000	38	19	18	9
10000	11000	42	21	20	10
11000	12000	46	23	21	11
12000	13000	51	25	23	12
13000	14000	55	27	25	13
14000	15000	59	29	27	14
15000	16000	63	31	29	14
16000	17000	67	33	31	15
17000	18000	71	35	33	16
18000	19000	75	37	35	17
19000	Unlimited	77	38	35	18