## Form 4029

(Rev. April 1997) Department of the Treasury Internal Revenue Service

## Application for Exemption From Social Security and Medicare Taxes and Waiver of Benefits

► See instructions on back.

OMB No. 1545-0064

File Three Copies

Part I To Be Completed by Applicant (Please print or type		t and the Forderellin and the		
Caution: Approval of Form 4029 exempts you from social security and Med Name of taxpayer	aicare taxes <b>only.</b> It does not	Social security number	ax.	
Name of taxpayer		Social security number		
Address (number, street and P.O. box)	City or town, state, and ZIP cod	le		
Before you file this form, please read the instructions under	Who May Apply.			
I certify that I am and continuously have been a member of	uously have been a member of			
(Religious district and le	ocation)			
since, and as a follower of the e	established teachings of that gro	oup, I am conscientiously opp	osed to	
(Month) (Day) (Year) accepting benefits of any private or public insurance that makes payments in the eventhe cost of medical care; or provides services for medical care. Public insurance incl	ludes any insurance system esta	blished by the Social Security	Act.	
I request that I be exempted from paying social security and Medicare taxes Code section 1401 and from the employer's share of social security and Medic			nue	
I further request exemption from the employee's share of social security and my services as an employee whenever I am employed by an employer who has				
I waive all rights to any social security payment or benefit under Titles II that no benefits or other payments of any kind under Titles II and XVIII of self-employment income to any other person. I certify that I have never recanyone else received these benefits based on my earnings.	the Social Security Act will b	e paid based on my wages	and	
I agree to notify the Internal Revenue Service within 60 days of any occurrence group described above, or in my no longer following the established teachings	of this group.	9	,	
Furthermore, I understand that if the tax exemption for myself or for my empl Code is no longer effective, this waiver will also no longer be effective for:	oyer under sections 1402(g)(1)	or 3127 of the Internal Reve	enue	
<ul> <li>myself, with respect to all my wages and self-employment income; and</li> </ul>				
<ul> <li>my employees with respect to wages I may pay to them;</li> <li>and that if my employer's exemption is no longer in effect, my exemption will end the waiver will no longer be effective only to the extent that benefits and other be payable on the basis of:</li> </ul>				
<ul> <li>my self-employment income for and after the first tax year in which the ex</li> <li>my wages for and after the calendar year following the calendar year in wl 1402(g)(1) or 3127 on which the end of the exemption is based.</li> </ul>	•	meets the requirements of se	ection	
Under penalties of perjury, I declare that I have examined this application and waiver		-	rrect.	
Signature of Applicant ▶		(Date)		
Part II To Be Completed by Religious Group (Please print	or type)			
I certify that is a member of is a member of		eligious group)		
Name of Authorized Representative (Please print or type)		(Address)		
Signature of Authorized Representative	<b>&gt;</b> (Title		a	
Social Security Adminis	· · ·	<i>y</i> (50.	,	
This religious group <b>IS</b> recognized as being in existence continuous level of living for its dependent members, and as being conscien	ously since December 31, 1	950, as providing a reaso or private insurance.	onable	
☐ This religious group <b>IS NOT</b> recognized as being in existence continuously level of living for its dependent members, and/or as being conscient			sonable	
By(Signature of authorized SSA representative)	(Dat	e)		
Internal Revenue Service Use	Only			
<ul><li>☐ Approved for exemption from social security and Medicare taxes.</li><li>☐ Disapproved for exemption from social security and Medicare tax</li></ul>	. (See <b>Caution</b> in Part I abo	ove.)		
By(Director's signature)	(Dat			
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## **General Instructions**

Section references are to the Internal Revenue Code.

Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping			. 7 min.
Learning about the law or the form .			. 11 min.
Preparing the form			, 11 min.
Copying, assembling, and sending the	è		
form to the SSA			. 35 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, see **Where to file** on this page.

**Purpose of form.**—Form 4029 is used by members of recognized religious groups to apply for exemption from social security and Medicare taxes. The exemption is for individuals and partnerships (when all the partners have approved certification).

**Note:** The election to waive social security benefits, including Medicare benefits, applies to all wages and self-employment income earned before and during the effective period of this exemption and is **IRREVOCABLE** for that period.

Who may apply.—You may apply for this exemption if you are a member of, and follow the teachings of, a recognized religious group (as defined below). If you already have approval for exemption from self-employment taxes, you are considered to have met the requirements for exemption from social security and Medicare taxes and do not need to file this form.

You are not eligible for this exemption if you received social security benefits or payments, or if anyone else received these benefits or payments based on your wages or self-employment income. However, you can file Form 4029 and be considered for approval if you paid back any benefits you received.

**Recognized religious group.**—A recognized religious group must meet **all** the following requirements:

• It is conscientiously opposed to accepting benefits of any private or public insurance that makes payments in the event of death, disability, old age, or retirement; make payments for the cost of medical care, or provides services for medical care; (including social security and Medicare benefits).

- It has provided a reasonable level of living for its dependent members.
- It has existed continuously since December 31, 1950.

When to file.—File Form 4029 when you want to apply for exemption from social security and Medicare taxes. This is a **one-time election**. Keep your approved copy of Form 4029 for your permanent records.

Where to file.—Send three copies of Form 4029 to: Social Security Administration Division of Earnings Adjustments ATTENTION: Form 4029 Process Metro West, North Building Baltimore, MD 21201

Social security number.—Enter your social security number in the space provided. If you do not have a social security number, file Form SS-5, Application for a Social Security Card, with your Form 4029. You can order Form SS-5 by calling 1-800-772-1213.

Effective date of exemption.—An approved exemption begins on the first day of the first quarter after the quarter in which Form 4029 is filed. It will last as long as both the employer and the employee continue to meet the requirements for exemption.

**Signature.**—The completed Form 4029 must be signed and dated by the applicant in Part I and by the authorized representative of the religious group in Part II.

How to show exemption from self-employment taxes on Form 1040.—If the IRS returned your copy of Form 4029 marked "Approved," write "Form 4029" on the "Self-employment tax" line in the Other Taxes section of Form 1040, page 2.

## Instructions to Employers

**Employees without Form 4029 approval.**—If you have employees who do not have an approved Form 4029, you must withhold the employee's share of social security and Medicare taxes and pay the employer's share.

Reporting exempt wages.—If you are a qualifying employer with one or more qualifying employees, you are not required to report wages that are exempt under section 3127. Do not include these wages on Form 941, Employer's Quarterly Federal Tax Return, or on Form 943, Employer's Annual Tax Return for Agricultural Employees. If you have received an approved Form 4029, write "Form 4029" on Form 941 to the left of the entry spaces on the lines for "Taxable social security wages," "Taxable social security tips," and "Taxable Medicare wages and tips." If you file Form 943 and have received an approved Form 4029, write "Form 4029" to the left of the wage entry spaces for "Total wages subject to social security taxes" and "Total wages subject to Medicare taxes."

**Preparation of Form W-2.**—When you prepare Form W-2 for a qualifying employee, enter "Form 4029" in the box marked "Other." Do not make any entries in the boxes for "Social security wages," "Medicare wages and tips," "Social security tax withheld," or "Medicare tax withheld" for these employees.