

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

OMB No. 1545-0064

**File Three Copies**

(See instructions on back)

## Part I To Be Completed by Applicant (Please print or type)

Name of taxpayer		Social security number
Address (number, street and P.O. box)		City or town, state, and ZIP code

**Caution:** Approval of Form 4029 exempts you from social security and Medicare taxes only. It does not apply to Federal income tax.

### 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 \_\_\_\_\_  
(Name of religious group)

\_\_\_\_\_  
(Religious district and location)

since \_\_\_\_\_ and as a follower of the established teachings of that group, I am conscientiously opposed to  
(Day) (Month) (Year)  
accepting benefits of any private or public insurance that makes payments in the event of death, disability, old age or retirement or makes payments toward the cost of or provides services for medical care. Public insurance includes any insurance system established by the Social Security Act.

I request that I be exempted from paying social security and Medicare taxes on my earnings from self-employment under Internal Revenue Code section 1401 and from the employer's share of social security and Medicare taxes under Internal Revenue Code section 3111.

I further request exemption from the employee's share of social security and Medicare taxes under Internal Revenue Code section 3101, for my services as an employee whenever I am employed by an employer who has an identical exemption from social security and Medicare taxes.

**I waive all rights to any social security payment or benefit under Titles II and XVIII of the Social Security Act. I understand and agree that no benefits or other payments of any kind under Titles II and XVIII of the Social Security Act will be paid based on my wages and self-employment income to any other person. I certify that I have never received benefits or payments under the above Titles, nor has anyone else received these benefits based on my earnings.**

I agree to notify the Internal Revenue Service within 60 days of any occurrence that results in my no longer being a member of the religious group described above, or in my no longer following the established teachings of this group.

Furthermore, I understand that if the tax exemption for myself or for my employer under sections 1402(g)(1) or 3127 of the Internal Revenue Code is no longer effective, this waiver will also no longer be effective for:

(a) myself, with respect to all my wages and self-employment income; and

(b) my employees with respect to wages I may pay to them;

and that if my employer's exemption is no longer in effect, my exemption will end with respect to wages paid to me by my employer. However, the waiver will no longer be effective only to the extent that benefits and other payments under Titles II and XVIII of the Social Security Act can be payable on the basis of:

(a) my self-employment income for and after the first tax year in which the exemption ends; and

(b) my wages for and after the calendar year following the calendar year in which the exemption no longer meets the requirements of section 1402(g)(1) or 3127 on which the end of the exemption is based.

Under penalties of perjury, I declare that I have examined this application and waiver, and to the best of my knowledge and belief, it is true and correct.

**Signature of Applicant** ▶ \_\_\_\_\_  
(Date)

## Part II To Be Completed by Religious Group (Please print or type)

I certify that \_\_\_\_\_ is a member of \_\_\_\_\_  
(Name of taxpayer) (Name of religious group)

Name of Authorized Representative \_\_\_\_\_  
(Please print or type) (Address)

Signature of Authorized Representative \_\_\_\_\_  
(Title) (Date)

### Social Security Administration Use Only

- This religious group is recognized as being in existence continuously since December 31, 1950, as providing a reasonable level of living for its dependent members and as being conscientiously opposed to public or private insurance.
- This religious group is NOT recognized as being in existence continuously since December 31, 1950, as providing a reasonable level of living for its dependent members, and/or as being conscientiously opposed to public or private insurance.

**By** \_\_\_\_\_  
(Authorized SSA representative) (Date)

### Internal Revenue Service Use Only

- Approved for exemption from social security and Medicare taxes. (See **Caution** in Part I above.)
- Disapproved for exemption from social security and Medicare taxes.

**By** \_\_\_\_\_  
(Director's signature) (Date)

**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.

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

<b>Recordkeeping</b> . . . . .	7 min.
<b>Learning about the law or the form</b> . . . . .	10 min.
<b>Preparing the form</b> . . . . .	11 min.
<b>Copying, assembling, and sending the form to the SSA</b> . . . . .	35 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, PC:FP, Washington, DC 20224; and the **Office of Management and Budget**, Paperwork Reduction Project (1545-0064), Washington, DC 20503. **DO NOT** send the form to either of these offices. Instead, see **Where to file** on this page.

**General Instructions**

*Section references are to the Internal Revenue Code unless otherwise noted.*

**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 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:

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

- Has provided a reasonable level of living for its dependent members.
- 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.**—Mail three copies of Form 4029 to:  
 Social Security Administration  
 Division of Earnings Adjustments  
 ATTENTION: Form 4029 Process  
 Metro West, North Building  
 Baltimore, Maryland 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 get 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.

**Signature.**—The completed Form 4029 should be signed and dated by the applicant in Part I and 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.