GR W-4	Em	oloyee's Withholding Certificate For City of Grayling Income Tax												
1. Print Full Name	T	Social Security No.					Office, Plant Dept.			NON-RESIDENT mployee Identification No.				
2. Address, Number and Street				City, Township or Village where you reside							Sta	ite	Z	ip Code
3. Predominant Place of Employment Print name of each city where you work for this employer and circle closest % of total earnings in each. City									Under 25% Under 25%	40%	60			100%
YOUR WITHHOLDING CO	locks	Exemptions for yourself Exemptions	F	exemption	egular \$3000 xemption egular \$3000		65 or ov	al \$3,000 exemption if A		exem	tional \$3,000 aption if blind	Enter number exemptions checked —	-	
EMPLOYEE: File this form with your e Otherwise he must withhold Cl'	for your wife 6. (a) Exemptio children		exemption 6. (b) Exer			65 or over at end of year mptions for your ependents				nption if blind Number	exemptions checked —> Enter total of line 6 (a plus b) —>			
GRAYLING income tax from your earnin out exemption. EMPLOYER: keep this certificate wi					emptions which you have claimed on lines 4,5 and 6 above and write the total									
records. If the information submitted by the employee is not believed to be true, correct and complete. The City Treasurer must be so advised.		I certify that the 8. Date	Date Signature 20							best of	my knowledge	e and belief		
GR W-4	Em	ployee's \	Vith		ng Cei Incom			For C	ity of G	rayling	¥1		RESID NON-F	ENT RESIDENT
Print Full Name					Social Security No.					t Dept.	En	nployee Identif	ication No.	·
2. Address, Number and Street					City, Township or Village where you reside						Sta	State Z		Zip Code
3. Predominant Place of Employment Print name of each city where you work for this employer and circle closest % of total earnings in each.									Under 25% Under 25%	40% 40%)%	100%
YOUR WITHHOLDING Check EXEMPTIONS: blocks (See instructions on reverse side.) apply		Exemptions for yourself Exemptions	Regular \$3000 exemption				65 or o	Additional \$3,000 exemption if 65 or over at end of year Additional \$3,000 exemption if		Addi	itional \$3,000 nption if blind itional \$3,000	Enter number exemptions checked — Enter number exemptions	ol _	
EMPLOYEE: File this form with your e Otherwise he must withhold CI GRAYLING income tax from your earnin out exemption.	for your wife 6. (a) Exemption children	r your	Number 6. (b) Exemption other dependent			mptions for the second	ns for your ents			Number	Enter total of line 6 (a plus b)			
EMPLOYER: keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete. The City Treasurer must be so advised.		I certify that the	certify that the information submitted on this certificate is true, correct and complete to the be										e and belie	i.
GR W-4	En	nployee's	Wit	hhold	ing Ce Incon			For (City of G	Grayling			RESI	DENT RESIDENT
1. Print Full Name Soci					Social Security No.				Office, Pla	nt Dept.	E	mployee Iden		
					City, Township or Village where you reside				е			State		Zip Code
Print name of each city where you work for this				ity					Under 25% Under	40%	(60% 8	30%	100%
YOUR WITHHOLDING EXEMPTIONS:	Check blocks which	Exemptions for yourself		exemp			65 or 6			Add	60% 8 ditional \$3,000 emption if blind		NS-1	
	apply employer.	6. (a) Exempt	for your wife (husba 6. (a) Exemptions for				exemp			65 or one of the contract	0.550,000	ditional \$3,000 emption if blind Number	exemptions	40.960 I
GRAYLING income tax from your earn out exemption.	nings with-	7. Add the number of exemptions when the control of				other dependents				avelt - 11		(a plus b) —	>	
EMPLOYER: keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete. The City Treasurer must be so advised.		7. Add the number of exemptions which you have claimed on lines 4,5 and 6 above and write the total I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief. 8. Date Signature											ef.	