2. Address, Number and Street		C													_		
	1. Print Full Name				Social Security No.					Office, Plant Dept.				Employee Identification No.			
Dradominant Diago of Employment	2. Address, Number and Street				City, Township or Village where you reside								State			ode	
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			y					Under 25% 40%				60%	8	0%	100	%	
								Under 25%		40%		60%		0%	100		
OUR WITHHOLDING Check			Regular \$30 exemption			Additional \$3,000 ex						exe		Enter number exemptions checked —	tions		
See instructions on which reverse side.) apply	5. Exemptions for your wife							onal \$3,000 exemption if over at end of year					al S3,000 on if blind	Enter number exemptions checked	ecked		
MPLOYEE: File this form with your emplo http://www.se he must withhold CITY GRAYLING income tax from your earnings w	OF children	ons for y	or your Number 6.			6. (b) Exemptions fo other dependents						of		Enter total of line 6 (a plus b) —	>		
ut exemption. MPLOYER: keep this certificate with y		7. Add the number of exemptions which you have claimed on lines 4,5 and 6 above and write										ne tota	I ::		>		
ecords. If the information submitted by imployee is not believed to be true, correct in	the I certify that the	certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.															
omplete. The City Treasurer must be dvised.	so 8. Date		20	Signature	=												
GR W-4 E	Employee's	Withl		g Certi		e F	For C	ity of	Gra	ıyling	l			RESI		IT SIDEN	
1. Print Full Name	S	Social Security No.					Office, Plant Dept.				Employee Identification No.				JID E I V		
2. Address, Number and Street	C	City, Township or Village where you reside					le				State			Zip Code			
3. Predominant Place of Employment Print name of each city where you was		City						Under 25%		40%	!	60%		80%	10	0%	
employer and circle closest % of tot in each.	City						Under 25%		40%		60%		80%	_	0%		
YOUR WITHHOLDING Chec EXEMPTIONS: block	for yoursel				9			onal \$3,000 exemption if over at end of year				exemption if blind exe					
(See instructions on which reverse side.) which apply	5. Exemplions	Exemptions for your wife (husband)		3				onal \$3,000 exemption if over at end of year			1 1	Additional 53,000 e		exemptions			
EMPLOYEE: File this form with your emplo Otherwise he must withhold CITY GRAYLING income tax from your earnings	OF children	(a) Exemptions for your children Number 6. (b) Exemptions for your other dependents								Number Enter total of line 6 (a plus b)			>				
out exemption. EMPLOYER: keep this certificate with	7. Add the nu					_									>		
records. If the information submitted by employee is not believed to be true, correct complete. The City Treasurer must be	and				mitted on this certificate is true, correct and complete to the Signature						the bes	t of m	y knowled	lge and be	lief.		
advised.		20			20												
GR W-4	Employee's	s With		Incom			For (of Gr		g	TEmr		J RES	I-RE	NT SIDE	
2. Address, Number and Street	_																
		City, Township or Village where you resi									State			Zip	Code		
Predominant Place of Employment Print name of each city where you work for this employer and circle closest % of total earnings in each.			Dity Dity					Unde 25% Unde		40%			60% 80%			100%	
YOUR WITHHOLDING Che	eck \ 4. Exemptio							25% 40% tional \$3,000 exemption if				Additional \$3,000		80% 00 Enter nu	mber of	00%	
EXEMPTIONS: block (See instructions on reverse side.) block app	ch 5. Exemptio	ns		Regular	Regular \$3000 Add		Additio	or over at end of year itional \$3,000 exemption if			if	exemption if blind Additional \$3,000		00 Enter nu	mber of		
EMPLOYEE: File this form with your emp Otherwise he must withhold CITY	ployer. 6. (a) Exemply OF children	ptions fo			6. (b) Exemptions other depende							exem	Number	r Enter total of line 6	al		
GRAYLING income tax from your earnings out exemption.	s with-	7. Add the number of exemptions which you have claimed on lines 4,5 and 6 above and wr								and write	the to	otal	(a plus b	→			
EMPLOYER: keep this certificate with records. If the information submitted by	your I certify that t	-				_								edge and b	-		
employee is not believed to be true, corre complete. The City Treasurer must t advised.			20	Signati	ure												

LINE 3 INSTRUCTIONS – If you work for this employer in more than two cities or communities, print names of the two Michigan cities or communities where you perform the greatest percent of your work. Circle the closest percent of total earnings for work done or services rendered in each city or community listed. The estimated percent of total earnings from this employer for work done or services performed within taxing cities (line 3 on other side) is for withholding purposes only. In determining final tax liability this estimate is subject to substantiation and audit.

DEPENDENTS – To qualify as you dependent (line 6 on other side), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$3,000 gross income during the year (except your child who is a student or who is under 19 years of age) and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad) and (e) must (1) have your home as his principal residence and be a member of you household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law:

Your uncle, aunt, nephew or niece (but only if related by blood).

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CHANGES IN EXEMPTIONS – You should file a new certificate at any time if the number of your exemptions INCREASES.

You must file a certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.
- (c) You find that a dependent for whom you claimed exemption will receive \$3,000 or more of income of his own during the year (except your child who is a student who is under 19 years of age).

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

CHANGE OF RESIDENCE – You must file a new certificate within 10 days after you change your residence from or to a taxing city.

CHANGES IN EMPLOYMENT— You must file a new certificate by December 1 each year if your Line 3 estimate of the percent of work done or services to be rendered in cities levying as income tax will change for the ensuing year.

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