			II	ncome	ıax						NON-RE	ESIDENT
. Print Full Name			Social Security No.				1	Office, Plant Dept.		Employee Identification No.		
2. Address, Number and Street			City, Township or Village where you reside						Sta	ite	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.		City					Under 25% 40%	60	0% 80	%	100%	
		City Under 25%						Under 25% 40%	60	0% 80	%	100%
YOUR WITHHOLDING Check EXEMPTIONS: blocks See instructions on which reverse side.) apply	Exemptions for yourself		Regular \$3000 exemption		3000	Additional \$3,000 exemption if 65 or over at end of year			Additional S3,000 Enter number exemptions if blind checked —			
	Exemptions for your wife (husbar			Regular \$3000 exemption		Additional \$3,000 exemption it 65 or over at end of year				tional S3,000 nption if blind	Enter number of exemptions checked	
MPLOYEE: File this form with your employer. therwise he must withhold CITY OF RAYLING income tax from your earnings with-	6. (a) Exemptions for children		our	Number 6. (b) Exemption other depend					1 Trainber	Enter total of line 6 (a plus b)		
but exemption. 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											
GR W-4 Em	ployee's	Withh		g Cert		e Fo	r Ci	ity of Grayling			RESIDE	ENT ESIDEN
Print Full Name S				Social Security No.				Office, Plant Dept.	Er	mployee Identif	ication No.	
. Address, Number and Street	Ci	City, Township or Village where you reside				eside		St	ate	Zi	p Code	
Predominant Place of Employment Print name of each city where you work employer and circle closest % of total e		City						Under 25% 40% Under)%	100%
in each. YOUR WITHHOLDING Check EXEMPTIONS: blocks (See instructions on reverse side.) which apply	4. Exemptions for yourself						dition	25% 40% nal \$3,000 exemption if ver at end of year	Add	ditional \$3,000 mption if blind	Enter number of exemptions checked	1
	5. Exemptions for your wife (husband)							nal S3,000 exemption if ver at end of year		ditional \$3,000 mption if blind	Enter number of exemptions checked	1
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF children GRAYLING income tax from your earnings with-		,	our	Number	6. (b) Exemptions for your other dependents					Number	enter total of line 6 (a plus b)	
ut exemption. MPLOYER: keep this certificate with your		mber of e	exemption	ns which yo	ou have o	claimed	on lir	nes 4,5 and 6 above and w	rite the	total —	>	-
records. If the information submitted by the certify employee is not believed to be true, correct and complete. The City Treasurer must be so 8. Date		e informa	ation sub	mitted on this certificate is true, correct and complete to the to Signature					e best c	of my knowledg	e and belief.	
dvised.		20										
GR W-4 Er	mployee's			Incom			or C	City of Grayling				RESIDE
			Social Security No.					Office, Plant Dept.		Employee Iden	tification No.	
				nship or Vi	llage wh	ere you	resid	le		State		Zip Code
2. Address, Number and Street		0.4	City					Under 25% 40% Under		60%	80%	100%
Predominant Place of Employment Print name of each city where you wo employer and circle closest % of total												
Predominant Place of Employment Print name of each city where you wo employer and circle closest % of total in each. YOUR WITHHOLDING Check	earnings 4. Exemption	City		Regular	\$3000	Δ	dditio	25% 40% onal \$3,000 exemption if	Ad	60% dditional \$3,000	80% Enter numbe	100%
3. Predominant Place of Employment Print name of each city where you wo employer and circle closest % of total in each. YOUR WITHHOLDING EXEMPTIONS: blocks (See instructions on which	4. Exemption for yourse 5. Exemption	City		Regular	\$3000	6	5 or o	onal \$3,000 exemption if over at end of year onal \$3,000 exemption if	ex	dditional \$3,000 kemption if blind dditional \$3,000	Enter number exemptions checked —	r of
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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:

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- (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.
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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.

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