Form SW-4 Instructions - revised 1/05/10

Purpose: Complete form SW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), 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 \$750.00 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, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece (but only if related by blood).

Changes in exemptions: You *must* file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* for any of the following reasons:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$750.00 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, 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.

Employee: File this form with your employer. Otherwise your employer must withhold City of Saginaw income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the *City of Saginaw* must be advised.

| FORM SW-4 | EMPLOYEE'S WI | тинопл | DING CERTI | FICATE F | OR | | | | |
|---|----------------------------------|----------------|---------------------------------|------------|-------------|---|-----------|--------|--|
| CITY OF SAGINAW INCOME TAX | | | | | | | | | |
| City Resident or Non-City Resident | | | Your Social Security Number: | | | | | | |
| Full Name: (First, Middle and Last Name) | | Home | Home Address: (Number & Street) | | | | | | |
| City: | | State: | State: | | Zip Code: | | | | |
| Main place of employment: Print name of each city where you work for this employer and circle closest % of total earnings in each. This is for withholding purposes only. | | City: | City: | | 40% | 60% | 80% | 100% | |
| | | City: | City: | | 40% | 60% | 80% | 100% | |
| 1. Exemptions for yourself: 2. | | 2. Exempt | Exemptions for your spouse: | | | 3. Enter Total number of boxes checked in 1& 2: | | | |
| Yourself age 65 or ov | er Blind | Yourse | elf 🔲 age 6 | 55 or over | Blind | | | | |
| 4. Other Exemptions: Number of exemptions for your children Number of exe for your other of | | | | | | her Exempt | ions in | | |
| | | ior depend | | | | | | | |
| 6. Add the number of exemptions claimed in box 3 & 5 and write th | which you have | 7. Wr | rite the addition | onal amour | ts you wan | t withheld | from each | | |
| | which you have | 7. Wr | rite the additio | onal amour | ats you wan | t withheld | from each | | |
| claimed in box 3 & 5 and write th | which you have e total below: | 7. Wr paych | rite the addition heck, if any: | | - | | | elief. | |