

Instructions for employee withholding certificate

Dependents - To qualify as your dependent (line 7a) a person must qualify as your dependent as provided in the Federal Internal Revenue Code.

Changes in Exemptions - You should file a new certificate any time the number of your exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.

Other Decreases - in exemptions, such as the death of a spouse or dependent, do not affect your withholdings 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.

Additional withheld - You may designate additional withholding if you expect to owe more than the amount withheld.

		EMPLOYEES WITHHOLDING CERTIFICATE FOR THE CITY OF SPRINGFIELD INCOME TAX			SF W-4																																															
1. Print full name	2. Social Security Number	3. Springfield Resident? Yes <input type="radio"/> No <input type="radio"/>																																																		
4. Address		City, Township or Village where you reside	State	Zip Code																																																
Employee - File this form with your employer, otherwise your employer must withhold Springfield income tax from your earnings without exemptions.		Check boxes that apply																																																		
Employer - Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the Springfield Income Tax Department must be so advised.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">5. Exemptions for yourself:</td> <td style="padding: 5px;"><input type="checkbox"/> Regular Exemption</td> <td style="padding: 5px;"><input type="checkbox"/> Age 65 & older or Disabled</td> <td style="padding: 5px;"><input type="checkbox"/> Blind</td> <td style="padding: 5px;"><input type="checkbox"/> Deaf</td> <td style="padding: 5px;">Enter number of exemptions checked</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 5px;">6. Exemptions for your spouse:</td> <td style="padding: 5px;"><input type="checkbox"/> Regular Exemption</td> <td style="padding: 5px;"><input type="checkbox"/> Age 65 & older or Disabled</td> <td style="padding: 5px;"><input type="checkbox"/> Blind</td> <td style="padding: 5px;"><input type="checkbox"/> Deaf</td> <td style="padding: 5px;">Enter number of exemptions checked</td> <td></td> </tr> <tr> <td style="padding: 5px;">7a. Exemptions for your children</td> <td style="padding: 5px;">Number <input style="width: 40px;" type="text"/></td> <td style="padding: 5px;">7b. Exemptions for your other dependents</td> <td style="padding: 5px;">Number <input style="width: 40px;" type="text"/></td> <td colspan="2" style="padding: 5px;">Enter total of line 7 (a plus b)</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">8. Add the number of exemptions which you have claimed on lines 5, 6, 7 a & b above and write the total.</td> <td style="text-align: center; padding: 5px;">Total</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">8. Additional amount you want deducted from each pay (if employer agrees)</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date</td> <td colspan="4" style="padding: 5px;">Signature</td> </tr> </table>				5. Exemptions for yourself:	<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	Enter number of exemptions checked		6. Exemptions for your spouse:	<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	Enter number of exemptions checked		7a. Exemptions for your children	Number <input style="width: 40px;" type="text"/>	7b. Exemptions for your other dependents	Number <input style="width: 40px;" type="text"/>	Enter total of line 7 (a plus b)			8. Add the number of exemptions which you have claimed on lines 5, 6, 7 a & b above and write the total.					Total		8. Additional amount you want deducted from each pay (if employer agrees)							I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.						Date		Signature			
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