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## EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF MUSKEGON HEIGHTS INCOME TAX

RESIDENT
NON-RESIDENT

1. PRINT FULL NAME				SOCIAL SECURITY NO.			OFFICE, PLANT, DEPT.			EMPLOYEE IDENTIFICATION NO.		
2. ADDRESS, NUMBER AND STREET				CITY, TOWNSHIP OR VILLAGE WHERE YOU			RESIDE			STATE ZIP CODE		
Print name of each city where you work for this employer			CITY				UNDER 25%	40%	40% 60%		80% 100%	
			CITY				UNDER 25%	UNDER				
YOUR WITHHOLDING Check 1 4. EXEMPTIO						ADDITIONA	ADDITIONAL \$600 EXEMPTION			Enter number of	10070	
	olocks which	YOURSELF 5. EXEMPTIONS	FOR	EXEMPTION REGULAR \$600			IF 65 OR OVER AT END OF YEAR ADDITIONAL \$600 EXEMPTION			₹	exemptions checked ► Enter number of	
on reverse side.) apply		YOUR SPOUS		EXEMPTION			IF 65 OR OVER AT END OF Y			R //BER	exemptions checked >	
EMPLOYEE: File this form with your of Otherwise he must withhold C	CITY OF	YOUR CHI			NUMBER	6. (b) EXEMPTION	EPENDENTS	NUN	IBER	Enter total of line 6 (a plus b)		
MUSKEGON HEIGHTS income tax f earnings without exemption.		7. ADD THE NUMBER OF EXEMPTIONS WHICH YOU HAVE CLAIMED ON LINES 4, 5 AND 6 ABOVE AND WRITE THE TOTAL										
EMPLOYER: Keep this certificate vertificate vertificate. If the information submitted		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.										
employee is not believed to be true, correct		8. DATE	SIGNATURE									
advised.	and complete. The Administrator must be so advised.											
MHW-4	EMPLOY	/EE'S WITHHOI	_DING	CERTIFIC	ATE FOR (	CITY OF MUSK	EGON HEI	GHTS INCOM	ЛЕ ТА	ıΧ	☐ RESIDEN ☐ NON-RES	
1. PRINT FULL NAME	1. PRINT FULL NAME					SOCIAL SECURITY NO.				EMPLOYEE IDENTIFICATION NO.		
2. ADDRESS, NUMBER AND STRE	ET			CITY, TOWN	ISHIP OR VIL	LAGE WHERE YO	U RESIDE	J RESIDE			TATE ZIP CODE	
3. PREDOMINANT PLACE OF EMPLOYMENT  Print name of each city where you work for this employer				YTIC				40%	60%	6	80% 100%	
and circle closest % of total ear			CITY	TY				40% 60%			80% 100%	
YOUR WITHHOLDING CEXEMPTIONS:	4. EXEMPTIONS FOR YOURSELF								Enter number of exemptions checked ▶			
	which fapply	5. EXEMPTIONS YOUR SPOUS								Enter number of exemptions checked ▶		
EMPLOYEE: File this form with your of Otherwise he must withhold C		6. (a) EXEMPTIC YOUR CHIL			NUMBER		6. (b) EXEMPTIONS FOR YOUR OTHER DEPENDENTS			//BER	Enter total of line 6 (a plus b)	
MUSKEGON HEIGHTS income tax f earnings without exemption.	rom your	7. ADD THE NUMBER OF EXEMPTIONS WHICH YOU HAVE CLAIMED ON LINES 4, 5 AND 6 ABOVE AND WRITE THE TOTAL										
EMPLOYER: Keep this certificate vertificate vertificate. If the information submitted		I certify that the information submitted on this certificate is true, correct and complete to the best of my										
employee is not believed to be true, correct and complete. The Administrator must be so		knowledge and belief.  8. DATE				SIGNATURE						
advised.												
	EMPLOY	/EE'S WITHHOI	_DING			CITY OF MUSK					☐ RESIDEN☐ NON-RES	SIDENT
1. PRINT FULL NAME		SOCIAL SECURITY NO.			OFFICE, PLANT, DEPT.			EMPLOYEE IDENTIFICATION NO.				
2. ADDRESS, NUMBER AND STREET				CITY, TOWN	ISHIP OR VIL	J RESIDE			STATE ZIP CODE			
3. PREDOMINANT PLACE OF EMP	CITY				UNDER 25% 40% 6			0% 80% 100		100%		
Print name of each city where you work for this employer and circle closest % of total earnings in each.			CITY				UNDER 25%	40%			80%	100%
YOUR WITHHOLDING Check blocks 4. EXEMPTIONS FOR YOURSELF											Enter number of exemptions checked ▶	
(See instructions V	which apply	5. EXEMPTIONS YOUR SPOUS		DR							Enter number of exemptions checked ▶	
EMPLOYEE: File this form with your of Otherwise he must withhold C	ITY OF		6. (a) EXEMPTIONS FOR YOUR CHILDREN NUMBER 6. (b) EXEMPTIONS FOR YOUR CHILDREN						R NUMBER		Enter total of line 6 (a plus b)	
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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 your 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 \$600 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 CanalZone (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 your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepchildren, son-in-law or daughter-in-law.

Your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law.

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

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

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

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

- (a) Your spouse 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 \$600 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

OTHER DECREASES in exemption, such as the death of a spouse 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 of each year if your Line 3 estimate of the percent of work done or services to be rendered in cities levying an income tax will change for the ensuing year.

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