



EMPLOYEE'S WITHHOLDING CERTIFICATE FOR WALKER INCOME TAX

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|--|--------------------------|--|---|-----------------------------|----------|--------------------------------------|------|
| 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 | | |
| 3. 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% | 80% | 100% |
| | | City | Under 25% | 40% | 60% | 80% | 100% |
| YOUR WITHHOLDING EXEMPTIONS | Check blocks which apply | 4. Exemptions for yourself <input type="checkbox"/> Regular exemption | | | | Enter number of exemptions checked → | |
| | | 5. Exemptions for your spouse <input type="checkbox"/> Regular exemption | | | | Enter number of exemptions checked → | |
| 6. (a) Exemptions for your children | | Number | 6. (b) Exemptions for your other dependents | | Number | Enter total of line 6 (a plus b) → | |
| 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 | | | | |

EMPLOYEE: File this form with your employer. Otherwise they withhold WALKER income tax from your earnings without 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 INCOME TAX DEPARTMENT must be so advised.

SEE INSTRUCTIONS ON REVERSE SIDE

LINE 3 INSTRUCTIONS — If you work for this employer in two or more 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 must qualify as your dependent for purposes of the Internal Revenue Code.

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 within 10 days if the number of exemptions previously claimed by you **DECREASES**.

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.

EXTRA EXEMPTIONS — Additional withholding allowances (extra exemptions), which are allowed for Federal income tax purposes and are claimed on Schedule A of Federal Form W-4, are not allowed for WALKER income tax purposes.