

State and City Employee Withholding Allowance Certificate

1 Your first name and middle initial	Last name	2 Your social security number
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Home address (number and street or rural route)

City or town, state, and ZIP code	4 a. Big Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No b. Grand Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No c. My worksite location is in <input type="checkbox"/> Big Rapids <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Other _____
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5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	State	City
6 Additional amount, if any, you want withheld from each paycheck	6	\$	\$
7 I claim exemption from withholding and I certify that I meet both of the following conditions for exemption.			
<ul style="list-style-type: none"> • Last year I had a right to a refund of all income tax withheld because I had no tax liability, and • This year I expect a refund of all income tax withheld because I expect to have no tax liability. 			

If you meet both conditions, write "Exempt" here ▶

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Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Ferris State University Big Rapids, MI 49307	9 Office code (optional)	10 Employer identification number (EIN) 38-6005159
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