

## State and City Employee Withholding Allowance Certificate

<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
---	-----------	--------------------------------------

Home address (number and street or rural route)

City or town, state, and ZIP code	<b>4 a.</b> Big Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No <b>b.</b> Grand Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No <b>c.</b> My worksite location is in <input type="checkbox"/> Big Rapids <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Other _____
-----------------------------------	---

<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)	<b>5</b>	State		City
<b>6</b> Additional amount, if any, you want withheld from each paycheck	<b>6</b>	\$		\$
<b>7</b> I claim exemption from withholding and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>				

If you meet both conditions, write "Exempt" here . . . . . **7**

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 ▶**

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

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

Rev. 12/2019 Form **W-4**