

## 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
<b>3</b> Home address (number and street and City, State, and ZIP Code)		
<b>4</b> <i>What is your Physical location that you are <u>working</u>:</i>		5a. Big Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Worksite City:</i> _____ <i>State</i> _____		b. Grand Rapids City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
		c. Other City Resident <input type="checkbox"/> Yes <input type="checkbox"/> No City: _____
<b>6</b> Total number of allowances you are claiming for state you are working in and for City tax withholding	State	City
<b>7</b> Additional amount, if any, you want withheld from each paycheck	<b>6</b>	<b>7</b>
<b>8</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 with no entries in line 6 and/or 7..... ▶	<b>8</b>	

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.

<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date ▶</b>
<b>9</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>10</b> Office code (optional)	<b>11</b> Employer identification number (EIN) 38-6005159