

## State and City Employee Withholding Allowance Certificate

1	Your first name and middle initial	Last name	2	Your social security number	
3	Home address (number and street and City, State, and ZIP Code)				
4	What is your Physical location that you are <u>working</u> :		5a. 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. Other City Resident	<input type="checkbox"/> Yes	City: _____
	Worksite City: _____ State _____			State	City
6	Total number of allowances you are claiming for state you are working in and for City tax withholding		6		
7	Additional amount, if any, you want withheld from each paycheck . . . . .		7	\$	\$
8	I claim exemption from withholding and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> income tax withheld because I expect to have <b>no</b> tax liability.				
If you meet both conditions, write "Exempt" here with no entries in line 6 and/or 7..... ▶					
8					

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 ▶

9	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	10	Office code (optional)	11	Employer identification number (EIN)
	Ferris State University Big Rapids, MI 49307				38-6005159

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

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