

BCW-4

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF BATTLE CREEK INCOME TAX

IF YOU RESIDE IN THE CITY PLACE AN "R" IN THE BOX. IF YOU RESIDE OUTSIDE THE CITY PLACE AN "N" IN THE BOX:

1. Print Full Name		Social Security No.		Office, Plant, Dept.		Employee ID Number		
2. Address, Number and Street		City, Township or Village where you reside				State	Zip Code	
3. Predominant 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		<input type="checkbox"/> YOURSELF	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter Total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
		5. Exemptions		<input type="checkbox"/> SPOUSE	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF BATTLE CREEK income tax from your earnings without exemptions.		6. (a) Exemptions for your children	Number	6. (b) Exemptions for your other dependents	Number	Enter Total 6. (a) & (b)		
		7. Add the number of exemptions which have claimed on lines 4, 5 & 6 above						
EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete advise the City.		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.						
8. Date		19		Signature				

BCW-4

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF BATTLE CREEK INCOME TAX

IF YOU RESIDE IN THE CITY PLACE AN "R" IN THE BOX. IF YOU RESIDE OUTSIDE THE CITY PLACE AN "N" IN THE BOX:

1. Print Full Name		Social Security No.		Office, Plant, Dept.		Employee ID Number		
2. Address, Number and Street		City, Township or Village where you reside				State	Zip Code	
3. Predominant 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		<input type="checkbox"/> YOURSELF	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter Total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
		5. Exemptions		<input type="checkbox"/> SPOUSE	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF BATTLE CREEK income tax from your earnings without exemptions.		6. (a) Exemptions for your children	Number	6. (b) Exemptions for your other dependents	Number	Enter Total 6. (a) & (b)		
		7. Add the number of exemptions which have claimed on lines 4, 5 & 6 above						
EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete advise the City.		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.						
8. Date		19		Signature				

BCW-4

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF BATTLE CREEK INCOME TAX

IF YOU RESIDE IN THE CITY PLACE AN "R" IN THE BOX. IF YOU RESIDE OUTSIDE THE CITY PLACE AN "N" IN THE BOX:

1. Print Full Name		Social Security No.		Office, Plant, Dept.		Employee ID Number		
2. Address, Number and Street		City, Township or Village where you reside				State	Zip Code	
3. Predominant 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		<input type="checkbox"/> YOURSELF	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter Total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
		5. Exemptions		<input type="checkbox"/> SPOUSE	<input type="checkbox"/> 65 & Over	<input type="checkbox"/> Disabled		Enter total number
				<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf			
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF BATTLE CREEK income tax from your earnings without exemptions.		6. (a) Exemptions for your children	Number	6. (b) Exemptions for your other dependents	Number	Enter Total 6. (a) & (b)		
		7. Add the number of exemptions which have claimed on lines 4, 5 & 6 above						
EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete advise the City.		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.						
8. Date		19		Signature				

LINE 3 INSTRUCTIONS - If you work for this employer in more than two cities or communities, print names of two 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 (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$1500 (Subject to Change) gross income during the year and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his or her principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grand children, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
Your uncle, aunt, nephew, or niece (but only if related by blood).

LINE 3 INSTRUCTIONS - If you work for this employer in more than two cities or communities, print names of two 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 (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$1500 (Subject to Change) gross income during the year and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his or her principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grand children, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
Your uncle, aunt, nephew, or niece (but only if related by blood).

LINE 3 INSTRUCTIONS - If you work for this employer in more than two cities or communities, print names of two 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 (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$1500 (Subject to Change) gross income during the year and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his or her principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grand children, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
Your uncle, aunt, nephew, or niece (but only if related by blood).

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** for any of the following reasons:

- Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- The support of a dependent for whom you claimed exemption is taken over by someone else, so that you can no longer expect to furnish more than half the support for the year.
- You find that a dependent for whom you claimed exemption will receive \$1000 (Subject to Change) or more of income of his own during the year.

OTHER DECREASES in exemption, such as death of a wife 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 death occurs.

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.

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** for any of the following reasons:

- Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- The support of a dependent for whom you claimed exemption is taken over by someone else, so that you can no longer expect to furnish more than half the support for the year.
- You find that a dependent for whom you claimed exemption will receive \$1000 (Subject to Change) or more of income of his own during the year.

OTHER DECREASES in exemption, such as death of a wife 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 death occurs.

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.

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** for any of the following reasons:

- Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- The support of a dependent for whom you claimed exemption is taken over by someone else, so that you can no longer expect to furnish more than half the support for the year.
- You find that a dependent for whom you claimed exemption will receive \$1000 (Subject to Change) or more of income of his own during the year.

OTHER DECREASES in exemption, such as death of a wife 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 death occurs.

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.