

## Instructions for employee withholding certificate


**Dependents** - To qualify as your dependent (line 7a ) a person must qualify as your dependent as provided in the Federal Internal Revenue Code.

**Changes in Exemptions** - You should file a new certificate any time 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.

**Other Decreases** - in exemptions, such as the death of a spouse or dependent, do not affect your withholdings until the next year but require the filing of a new certificate by December 1 of the year in which they occur.

**Change of Residence** - You must file a new certificate within 10 days after you change your residence from or to a taxing city.

**Additional withheld** - You may designate additional withholding if you expect to owe more than the amount withheld.

 <b>EMPLOYEES WITHOLDING CERTIFICATE FOR THE CITY OF BATTLE CREEK INCOME TAX</b>		BC W-4
1. Print full name		2. Social Security Number
3. Battle Creek Resident? Yes <input type="radio"/> No <input type="radio"/>		
4. Address		City, Township or Village where you reside
		State
		Michigan
		Zip Code
<p><b>Employee</b> - File this form with your employer, otherwise your employer must withhold Battle Creek income tax from your earnings without exemptions.</p> <p><b>Employer</b> - Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, and the Battle Creek Income Tax Department must be so advised.</p>		
<b>Check boxes that apply</b>		
5. Exemptions for yourself:		Enter number of exemptions checked
<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind
<input type="checkbox"/> Deaf		
6. Exemptions for your spouse:		Enter number of exemptions checked
<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind
<input type="checkbox"/> Deaf		
7a. Exemptions for your children	Number <input style="width: 40px;" type="text"/>	7b. Exemptions for your other dependents
		Number <input style="width: 40px;" type="text"/>
		Enter total of line 7 (a plus b)
8. Add the number of exemptions which you have claimed on lines 5, 6, 7 a & b above and write the total.		<b>Total</b>
8. Additional amount you want deducted from each pay (if employer agrees)		
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.		
Date	Signature	

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		<b>EMPLOYEES WITHHOLDING CERTIFICATE FOR THE CITY OF SPRINGFIELD INCOME TAX</b>		<b>SF W-4</b>
1. Print full name		2. Social Security Number		3. Springfield Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Address		City, Township or Village where you reside		State Zip Code
<p><b>Employee</b> - File this form with your employer, otherwise your employer must withhold Springfield income tax from your earnings without exemptions.</p> <p><b>Employer</b> - Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the Springfield Income Tax Department must be so advised.</p>				
<b>Check boxes that apply</b>				
5. Exemptions for yourself:		<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind <input type="checkbox"/> Deaf
6. Exemptions for your spouse:		<input type="checkbox"/> Regular Exemption	<input type="checkbox"/> Age 65 & older or Disabled	<input type="checkbox"/> Blind <input type="checkbox"/> Deaf
7a. Exemptions for your children		Number	7b. Exemptions for your other dependents	Number
				Enter total of line 7 (a plus b)
8. Add the number of exemptions which you have claimed on lines 5, 6, 7 a & b above and write the total.				<b>Total</b>
8. Additional amount you want deducted from each pay (if employer agrees)				
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.				
Date		Signature		

**Goodwill Industries of Central Michigan's Heartland - Direct Deposit Authorization Form**

I hereby authorize GICMH to deposit any amounts owed to me, as my employer, by initiating credit entries to my accounts at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by GICMH to my account(s). In the event that GICMH deposits funds erroneously into my account, I authorize GICMH to debit my account for an amount not to exceed the original amount of the erroneous credit.

**This authorization is to remain in full force and effect until GICMH has received written notice from me of its termination in such time and in such manner as to afford GICMH reasonable opportunity to act on it.**

**1. Bank Name, City and State:** \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking    Savings      I wish to deposit: \$ \_\_\_\_\_      or    Entire Net Amount

**2. Bank Name, City and State:** \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking    Savings      I wish to deposit: \$ \_\_\_\_\_      or    Remainder

**3. Bank Name, City and State:** \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking    Savings      I wish to deposit: \$ \_\_\_\_\_      or    Remainder

**Employee Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Please present valid verification of each account listed above. It must identify your banking institution and contain your name and account number, including any prefix or suffix numbers. Valid verification may be a current:

- Voided check (not a deposit slip)
- Letter from your bank
- Bank statement
- Account information for reloadable debit card
- Account card (not a debit or member card)

GICMH is not responsible if the verification information given is inaccurate, outdated, or incomplete.