How to Complete your Tax Documents

International Programs/Global Partnerships
Please Note: If you do not live or work in the city of Detroit, please write that at the top of your form, make sure you sign your name and date to the form.
Federal Tax Form (W-4)

Purpose: Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemptions from withholding: If you are exempt, complete only lines 1, 2, 3, 4, 5, and 7 and sign the form. See Pub. 555, Tax Withholding and Estimated Tax.

Note: If a nonresident alien, see Notice 1235, Supplemental Form W-4 Instructions for Nonresident Aliens, before signing and dating the form.

Enter Total Number of Exemptions

Select Marital Status

Place Last Name

Place First Name and Middle Initial

Place current address here

Place city, state, and zip code here

Sign and Date

Place Social Security Number

Place amount of Additional Money you want withheld from your check.

Place exempt ONLY if you are claiming exempt from paying taxes.
**Place First Name**  
**Place Last Name**  
**Place Address**  
**Place City**  
**Sign and Date**  
**Place Date of Birth**  
**Select Citizenship**  
**Place Social Security Number**  
**Place Current Zip Code**  
**Place “MI”**  
**Place Current Address**
Earnings and Allowance Form

Wayne County Community College District Employee
Authorization to Disburse Earnings and Allowances

I hereby declare that it is my will to authorize Wayne County Community College District to disburse, in the event of my death, any and all vacation monies, wages, salary, monetary allowances or reimbursements and any other monies to which I shall have accrued a right of payment from the College at the time of my death to:

Beneficiary Name: ____________________________________________

Social Security#: __________________ - _______ - _________

City and State: ______________________________________________

This authorization may only be revoked by writing specifically referencing this authorization which is communicated to the College or by the intentional physical destruction of the original of this document by the employee executing this authorization. A general revocation of prior wills and/or codicils shall not be effective as to this authorization.

This authorization shall be governed by the laws of the State of Michigan.

This authorization is executed this ______ day of _______ 20______.

__________________________________________
Employee Signature

This authorization was declared by _________________________ to be his/her will as to the disbursement of monies in the event of his/her death.

Date: ____________________  ___________________________ Witness

Place Beneficiary’s Name (Not yourself must be 18 or older)

Place the beneficiary’s current city and state.

Place Last four of the beneficiary’s social security number.

Place the current day(#)

Place current month

Place current year

Sign