

How to Complete your Tax Documents

International Programs/Global Partnerships

City Tax Forms

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF DETROIT INCOME TAX

DW-4

1. Print Full Name		Social Security No.		Office, Plant, Dept.		Employee Identification No.			
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%	Renaissance Zone Exemption
		City		Under 25%	40%	60%	80%	100%	Renaissance Zone Exemption
YOUR WITHHOLDING EXEMPTIONS: (See instructions on reverse side.)		Check blocks which apply	4. Exemptions for yourself		<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter number of exemptions checked	
			5. Exemptions for your wife (husband)		<input type="checkbox"/> Regular exemption	<input type="checkbox"/> Additional exemption if 65 or over at end of year	<input type="checkbox"/> Additional exemption if blind	Enter number of exemptions checked	
EMPLOYEE: File this form with your employer. Otherwise he must withhold CITY OF DETROIT income tax from your earnings without exemption. EMPLOYER: Keep this certificate with your records. If the information submitted by the employee is not believed to be true, correct and complete, the INCOME TAX DIRECTOR must be so advised.		6. (a) Exemptions for your children		Number	6. (b) Exemptions for your other dependents		Number	Enter total of line 6 (a plus b)	
		7. Add the number of exemptions which you have claimed on lines 4, 5 and 6 above and write the total							
		I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief							
8. Date		Signature							

03142-1064F

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.

Place Your Name Here

Place Current Address Here

Place Exemptions for Yourself Here

Place Exemptions for Spouse Here

Place current date here

Place number of children you are claiming here

Place your signature here

If you are claiming other dependents outside of your children please place here

Place total exemptions for yourself from line 4

Place total exemptions for spouse from line 5

Place totals from both line 6(a) and (b) here

Place overall total of exemptions from lines 4-6 Here

Place predominant employment location here

Place current city location here

Place social security number here

Place Student ID# Here

Place State of MI here

Place zip code here

Federal Tax Form (W-4)

Read line A-G; if the statement applies to you, place the number it says to on the corresponding line. Place total number of A-G on line H (total exemptions).

Form W-4 (2012)

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.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to indicate it. Your exemption for 2012 expires February 15, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1350, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$150,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$94,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Select Marital Status line 3

Enter Total Number of Exemptions line 5

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

Place exempt **ONLY** if you are claiming exempt from paying taxes.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2012
1 Your first name and middle initial		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but with child at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
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		Date ▶		
8 Employer's name and address (Employer. Complete lines 9 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

State Tax Form

MI-W4
(Rev. 8-08)
EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY

Annotations:

- Place Full Name (Line 3)
- Place Current Zip Code (Line 3)
- Place Social Security Number (Line 1)
- Place Driver's License or State ID Number (Line 4)
- Place Date of Birth (Line 2)
- Place "MI" (Line 3)
- Place current Address (Line 3)
- Place Current City (Line 3)
- Select method by which you are exempt **ONLY** if you are claiming exempt from paying taxes. (Line 8)
- Enter Total Number of Exemptions (People; Include yourself) (Line 6)
- Place amount of Additional Money you want withheld from your check. (Line 7)
- Sign and Date (Line 9)

Reset Form

1. Social Security Number 2. Date of Birth

3. Type or Print Your First Name, Middle Initial and Last Name

4. Driver License Number

Home Address (No., Street, P.O. Box or Rural Route)

5. Are you a new employee?

City or Town State ZIP Code

6. Enter the number of personal and dependent exemptions you are claiming

7. Additional amount you want deducted from each pay (if employer agrees)

8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):

a. A Michigan income tax liability is not expected this year.

b. Wages are exempt from withholding. Explain: _____

c. Permanent home (domicile) is located in the following Renaissance Zone: _____

EMPLOYEE:
Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

9. Employee's Signature Date

INSTRUCTIONS TO EMPLOYER:
Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010, Lansing, MI 48908-5010.

10. Employer's Name, Address, Phone No., and Name of Contact Person

11. Federal Employer Identification Number

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding **ONLY** if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site
Visit the Treasury Web site at:
www.michigan.gov/businessstax

I-9 Form

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12
Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title:		Michigan Identification		Social Security Card
Issuing authority:		State of Michigan		USA
Document #:				
Expiration Date (if any):				N/A
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
	Au'Shaunte' S. Buckley	Associate Dean
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
WCCCD 801 W. Fort St., Detroit, MI 48205		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title:	Document #:	Expiration Date (if any):
-----------------	-------------	---------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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Place Last Name

Place First Name

Place current Address

Place current City

Sign and Date

Place "MI"

Place current Zip Code

OMB No. 1615-0047; Expires 08/31/12
Form I-9, Employment Eligibility Verification

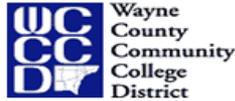
Place Middle Initial

Place Date of Birth

Place Social Security Number

Select Citizenship

Earnings and Allowance Form



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

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

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:

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

Beneficiary Name: _____

Social Security#: _____ - _____ - _____

Place the
beneficiary's
current city and
state.

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.

Place the
current day(#)

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

Place current
month

This authorization is executed this _____ day of _____, 20_____.

Place current
year

Employee Signature

Sign

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