

Form SW-4 Instructions - revised 1/05/10

Purpose: Complete form SW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), 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 \$750.00 gross income during the year (except your child who is a student or who is under 19 years of age, 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, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece **(but only if related by blood)**.

Changes in exemptions: 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:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$750.00 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, 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 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.

Employee: File this form with your employer. Otherwise your employer must withhold City of Saginaw income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the **City of Saginaw** must be advised.

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| FORM SW-4 | | EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF SAGINAW INCOME TAX | | |
| <input type="checkbox"/> City Resident or <input type="checkbox"/> Non-City Resident | | Your Social Security Number: | | |
| Full Name: (First, Middle and Last Name) | | Home Address: (Number & Street) | | |
| City: | State: | Zip Code: | | |
| Main place of employment: Print name of each city where you work for this employer and circle closest % of total earnings in each. This is for withholding purposes only. | City: | Under 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> | | |
| | City: | Under 25% <input type="checkbox"/> 40% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> | | |
| 1. Exemptions for yourself: <input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind | | 2. Exemptions for your spouse: <input type="checkbox"/> Yourself <input type="checkbox"/> age 65 or over <input type="checkbox"/> Blind | | 3. Enter Total number of boxes checked in 1 & 2: |
| 4. Other Exemptions: Number of exemptions _____ for your children Number of exemptions _____ for your other dependents | | 5. Enter total number of Other Exemptions in box 4 below: | | |
| 6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below: | | 7. Write the additional amounts you want withheld from each paycheck, if any: | | |
| Employer's Name and Address: | | | | |
| I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief. | | | | |
| SIGNATURE: | | | DATE: | |