

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF DETROIT INCOME TAX

O-3142-1054F

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|----------|
| 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 | | City | | Under 25% 40% 60% 80% 100% | | Renaissance Zone Exemption | |
| 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 | |
| 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 | | | |