

MI-W4

(Rev. 9-96)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions on back before completing this form.

Issued under P.A. 281 of 1967. Filing is mandatory.

▶ 3. Type or Print Your First Name, Middle Initial and Last Name			▶ 1. Social Security Number	▶ 2. Date of Birth
			4. Driver License Number	
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee?	
City or Town			Yes <input type="checkbox"/> If yes, enter date of hire	
State		ZIP Code	No <input type="checkbox"/>	

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

7. Additional amount you want deducted from each pay
(if employer agrees and you are not choosing the No-Form option) 7. \$00

8. I claim exemption from withholding because:

a. A Michigan income tax liability is not expected this year (see instructions).

b. Wages are exempt from withholding. Explain _____

Complete lines 9 through 14 only if you elect not to file a Michigan income tax return, using the No-Form option (see line 9 instructions). Otherwise, skip to line 15.

NO-FORM OPTION (Read instructions on back before completing.)

Electing to file using the No-Form option may not be for everyone who is eligible. If a taxpayer chooses the No-Form option, he or she may not be eligible for some of the credits allowed under the Michigan Income Tax Act including the property tax credit allowed under sections 520 and 522, the tuition tax credit allowed under section 274, and the city income tax credit allowed under section 257.

9. If you choose the No-Form option, check this box ▶ 9.

10. Enter the tax year you want the No-Form option to begin
(must be 1997 or later) ▶ 10.

11. Enter below the name(s) and Social Security numbers of the dependents you are claiming on line 6.

Dependent's Name	Social Security Number
Spouse	▶
a.	
b.	
c.	
d.	
e.	
f.	

12. Check a box for all Michigan special exemptions that apply.

Age 65 or older	▶ a. <input type="checkbox"/>	You	▶ b. <input type="checkbox"/>	Spouse
Deaf	▶ c. <input type="checkbox"/>		▶ d. <input type="checkbox"/>	
Disabled (and under age 65)* or blind	▶ e. <input type="checkbox"/>		▶ f. <input type="checkbox"/>	

*(Applies only to hemiplegic, paraplegic, quadriplegic or totally and permanently disabled.)

13. Total special exemptions (total number of boxes checked on line 12) 13. _____

14. Check this box if your parents (or someone else) can claim you as a dependent on their tax return ▶ 14.

EMPLOYEE:

If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

INSTRUCTIONS TO EMPLOYER:

Keep a copy of this certificate with your records. If the employee claims more than nine personal and dependency exemptions, or claims a status exempting the employee from withholding, or selects the No-Form option, you must file their original MI-W4 form with the Michigan Department of Treasury.

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.

15. Employee's Signature ▶ Date

Employer: Complete lines 16 and 17 before sending to the Michigan Department of Treasury.

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

▶ 17. Federal Employer Identification Number