## **Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the Treasury

Your withholding is subject to review by the IRS. Internal Revenue Service (b) Social security number Last name First name and middle initial Step 1: **Enter** Does your name match the Address name on your social security Personal card? If not, to ensure you get Information credit for your earnings, contact SSA at 800-772-1213 City or town, state, and ZIP code or go to www.ssa.gov. Single or Married filing separately Married filing jointly or Qualifying surviving spouse Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App. Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse Step 2: also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** Do only one of the following. or Spouse (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you Works or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Step 3: Multiply the number of qualifying children under age 17 by \$2,000 \$ Claim Dependent Multiply the number of other dependents by \$500 . . . . . . <u>\$</u> and Other Add the amounts above for qualifying children and other dependents. You may add to Credits \$ 3 this the amount of any other credits. Enter the total here (a) Other income (not from jobs). If you want tax withheld for other income you Step 4 expect this year that won't have withholding, enter the amount of other income here. (optional): This may include interest, dividends, and retirement income . . . . . . . . . 4(a) \$ Other (b) Deductions. If you expect to claim deductions other than the standard deduction and Adjustments want to reduce your withholding, use the Deductions Worksheet on page 3 and enter 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period . . 4(c) \$ Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Step 5: Sign Here Date Employee's signature (This form is not valid unless you sign it.) Employer identification First date of Employer's name and address **Employers** employment number (EIN)

APS Employment Services, Inc. 1840 N. Michigan Ave. Ste. 3

Saginaw, MI 48602

Only

61-1408936



(Rev. 12-20)

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

This certificate is for Michigan income tax withholding purposes only. Read Instructions on page 2 before completing this form.

Issued under P.A. 281 of 1967.			▶ 1. Full Social Security Number	2. Date of Birth		
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID			
Home Address (No., Street, P.O. Box or Rural Route)			5. Are you a new employee?  Yes If Yes, enter date of hire	(mm/dd/yyyy)		
City or Town	State	ZIP Code	No			
6. Enter the number of personal and dependent exemptions (see instructions)					-	
7. Additional amount you want deducted from each pay (if employer agrees)7.				\$	.00	
8. I claim exemption from withholding because (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: 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. See additional instructions on page 2.						
Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.						
9. Employee's Signature				▶ Date		
EMPLOYER: Complete the below section.						
10. Employer's Name APS Employment Services, Inc.		▶ 11. Federal Employer Identification Number 61-140893				
Address (No., Street, P.O. Box or Rural Route)			City or Town	State Mi	ZIP Code 48602	
1840 N. Michigan Ave, Ste. 3			Saginaw Contact Phone Number	IVII	40002	
Name of Contact Person			989-921-0358			
INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.						
In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to:						
Michigan Department of Treasury Tax Technical Section						
P.O. Box 30477						
Lansing, MI 48909						