

City of Battle Creek Income Tax - Employee's Withholding Certificate

RESIDENT
 NONRESIDENT

1. First name and initial	Last name	Social security number	Office, plant or department	Employee identification number																	
2. Home address (number and street) DO NOT USE A P.O. BOX		City, township or village where you reside	State	ZIP code																	
3. Predominant Place of Employment (see instructions on the reverse side)		City	Under 25%	40%	60%	80%	100%														
Print the name of each city where you work for this employer and mark the closest % of your earnings in each city.		City	Under 25%	40%	60%	80%	100%														
4. Your Withholding Exemptions (see the instructions below)	Check boxes that apply	<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Regular</td> <td style="text-align:center;">65 or Older</td> <td style="text-align:center;">Blind</td> <td style="text-align:center;">Deaf</td> <td style="text-align:center;">Disabled</td> <td></td> </tr> </table>					Regular	65 or Older	Blind	Deaf	Disabled										
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<table style="width:100%; border:none;"> <tr> <td style="width:30%;">a. Yourself:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Number of boxes checked</td> <td>▶▶</td> </tr> <tr> <td>b. Your Spouse:</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Number of boxes checked</td> <td>▶▶</td> </tr> </table>					a. Yourself:	<input type="checkbox"/>	Number of boxes checked	▶▶	b. Your Spouse:	<input type="checkbox"/>	Number of boxes checked	▶▶									
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b. Your Spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of boxes checked	▶▶														
File this form with your employer. Otherwise tax must be withheld at 1% of your total compensation.	5. a. Number of dependent children ▶▶		b. Number of other dependents ▶▶		Total dependents (5a plus 5b)		▶▶														
	6. Total exemptions - add the number of exemptions that you claimed on the three lines above and enter that total here ▶▶																				
	I certify that the information reported on this form is true and complete to the best of my knowledge.																				
EMPLOYER: KEEP THIS FORM WITH YOUR RECORDS. Do not send completed forms to the city							Signature	Date													

INSTRUCTIONS TO EMPLOYEE

Predominant Place of Employment - List the city or community where you expect to work for this employer. Circle the percentage that best describes the amount of work you perform for this employer in this community. If you work in more than one community for this employer, show the two communities where you perform the greatest percentage of your work. Circle the estimated percentage of your work performed in each community. Most individuals will show only one community and will circle 100% . The percentage claimed is for withholding purposes only. Your year end return must reflect where you actually worked for this employer. You must be able to substantiate your work location.

Exemptions - Every taxpayer who files a City of Battle Creek Individual Income Tax Return is allowed a personal exemption. We allow additional exemptions if you are age 65 or older, blind, deaf or disabled. You may claim a personal exemption even if you are claimed as a dependent on another tax return (this may differ from Federal and State rules). Determine dependency exemptions under the same rules that apply to your Federal Form 1040. If you cannot claim a dependent on your Federal Return, you cannot claim the dependent on your City return. If your spouse works and is subject to Battle Creek tax withholding, you cannot both claim the same exemptions. If you hold more than one job with wages subject to Battle Creek tax withholding, you cannot claim the same exemptions with more than one employer.

You must file a new BC-W4 within 10 days if your residency changes to or from Battle Creek, or the number of exemptions claimed decreases. You must review annually the predominant place of employment and percentage of compensation earned in Battle Creek claimed. If you expect changes for the upcoming year, you must file a revised BC-W4 by December 1.