

Election Inspector Application

Name in Full _____ Date of Birth _____

Address _____
Street City State Zip

Phone # _____ Email _____

Length of time at residence _____ Registered voter? ☐ Yes ☐ No Registered Precinct # _____

NOTE: You may be assigned to the Absent Voter Processing Team at Town Hall or a Precinct.

We do not guarantee an appointment at your home precinct.

Are you willing to work at any polling place? ☐ Yes ☐ No

Are you willing to work on the Absent Voter Counting Board? ☐ Yes ☐ No

Are you willing to work Early Voting? (9 days before Election Day) ☐ Yes ☐ No

Do you have transportation? ☐ Yes ☐ No

Political Party Affiliation: (State law requires you to select a political party)

☐ Democrat ☐ Republican ☐ Green ☐ Libertarian ☐ Natural Law ☐ US Taxpayers ☐ Working Class

Have you ever been convicted of a felony or any election crime? ☐ Yes ☐ No

Are you comfortable using a laptop computer? ☐ Yes ☐ No

Please rate your computer experience. ☐ None ☐ Novice ☐ Average ☐ Above Average ☐ Advanced

Educational Background (include highest grade completed/degrees held) _____

Employment Background (include current or last place of employment and type of work) _____

Election Inspector Experience (if any) Describe Duties _____

Where? (Name community) _____ Number of elections worked? _____

Give a local reference: Name _____ Phone # _____

Address _____

How did you hear about us? ☐ Township Website ☐ Newspaper ☐ Social Media ☐ Other _____

I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above.

I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

 Signature of Applicant

DATE: _____

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an election inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Return form to:

WEST BLOOMFIELD TOWNSHIP CLERK'S OFFICE

4550 Walnut Lake Road

West Bloomfield, MI 48323

Phone: 248-451-4848 Fax: 248-682-3788

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.

Your withholding is subject to review by the IRS.

2024**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> 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.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you 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 higher paying job. Otherwise, (b) is more accurate ☐

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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

MI-W4

(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?		(mm/dd/yyyy)	
			<input type="checkbox"/> Yes If Yes, enter date of hire.....			
City or Town		State	ZIP Code		<input type="checkbox"/> No	
6. Enter the number of personal and dependent exemptions (see instructions) ▶ 6.						
7. Additional amount you want deducted from each pay (if employer agrees) 7.						
\$.00						
8. I claim exemption from withholding because (see instructions):						
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.						
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____						
c. <input type="checkbox"/> 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.						
<i>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.</i>						
9. Employee's Signature					▶ Date	

EMPLOYER: Complete the below section.			
10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)		City or Town	State ZIP Code
Name of Contact Person		Contact Phone Number	
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			