



## EMPLOYEE'S AUTHORIZATION CITY INCOME TAX

Employee Name: \_\_\_\_\_

(1) Residential Address: \_\_\_\_\_

Which is located  INSIDE  OUTSIDE the city of \_\_\_\_\_

This City has a City Tax  YES  NO Percentage \_\_\_\_\_%

As a courtesy would you like us to withhold city taxes  YES  NO

Address of City Building: \_\_\_\_\_

Street

City/State

Zip

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### **SCHOOL DISTRICT TAX**

Public School District of Residence: \_\_\_\_\_

Public School District Number/Code: \_\_\_\_\_

Does this School District have School District Tax:  YES  NO

If so, percentage amount: \_\_\_\_\_%