

EMPLOYEE'S AUTHORIZATION

CITY INCOME TAX

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

I reside at \_\_\_\_\_

which is located (INSIDE) (OUTSIDE) the city limits 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 \_\_\_\_\_

\_\_\_\_\_

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

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EMPLOYER SECTION  
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: \_\_\_\_\_ %

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_