

AUTHORIZATION FOR WITHHOLDING OF STATE INCOME TAX

Instructions: Send original to Personnel/Payroll, Administration Building, Room A123, to report change in your marital status, number of exemptions, or change in extra amount to be withheld. If you want to increase amount withheld, reduce number of exemptions. If amount withheld is insufficient, complete the extra withholding block.

I hereby certify that I reside in the State and County indicated and authorize State Income Tax to be withheld from my salary.

STATE	COUNTY	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	NUMBER OF EXEMPTIONS	EXTRA WITHHOLDING (MULTIPLES OF \$1.00)
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NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER
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EMPLOYEE'S SIGNATURE	ORGANIZATION CODE NUMBER	DATE
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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with this request for information solicited on this form, including the request for your Social Security Number.

The authority for the collection of this data is Title 26, U.S. Code; Chapter 55, Title 5, U.S. Code; 5 U.S.C. 301.

Furnishing the information solicited is mandatory, and the purpose for which the data will be used is to comply with laws requiring or authorizing withholding of income or wage taxes by employers. Other routine uses of the data is to report tax withholdings to proper authorities; reporting FICA withholding to SSA.

The effect on you, if any, of not furnishing the requested information is that Federal Tax Withholding is required by law; State and Local Tax Withholding is, in some cases, required by law and Treasury Department Agreement.