

**CITY AND SCHOOL DISTRICT TAX WITHHOLDING
OR CHANGE OF NAME/ADDRESS**

NAME _____

Note: If Changing Name please attach copy of new Social Security Card)

ADDRESS (NEW IF APPLICABLE) _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

SCHOOL DISTRICT OF RESIDENCE _____ # _____

Please check applicable tax information:

_____ Please withhold City Taxes for the City of _____

_____ Please withhold School District Taxes for _____ School District

_____ Please withhold an additional \$ _____ for School District Taxes

_____ I certify that I do not reside within city limits

_____ I certify that I do not reside within a School District with School District Taxes

_____ Stop City Tax withholding for _____

_____ Stop School District Tax withholding for _____ School District

CERTIFICATION

I certify that the above information is correct and authorize the payroll officer to withhold taxes each pay period from my earnings if applicable. This withholding will be used to satisfy my taxes. If any of the information changes, I will notify the payroll office in writing by submitting a new form indicating a new City or School District or cancellation

SIGNATURE DATE