

# HOURLY EMPLOYEE STATE AND LOCAL TAX WITHHOLDING

Payroll Department Authorization Form

## EMPLOYEE INFORMATION

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

Employee ID: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Work State: \_\_\_\_\_

## HOURLY COMPENSATION DETAILS

Hourly Pay Rate: \_\_\_\_\_

\$

Regular Hours/Pay Period: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

## STATE TAX WITHHOLDING ELECTION

Complete this section to instruct payroll on the correct amount of state income tax to withhold from your hourly wages.

Withholding State: \_\_\_\_\_

Filing Status:

- Single  
 Married  
 Head of Household

Total Allowances/Exemptions: \_\_\_\_\_

Additional State Amount: \$ \_\_\_\_\_

Exempt Status:

I claim exemption from state withholding (subject to state qualifications).

## LOCAL / MUNICIPAL TAX WITHHOLDING ELECTION

Complete this section if you work or reside in a locality, city, county, or school district that levies a local income tax.

Taxing Locality Name: \_\_\_\_\_

Locality Code/PSD: \_\_\_\_\_

Filing Status (Local): \_\_\_\_\_

Local Allowances: \_\_\_\_\_

Additional Local Amount: \$ \_\_\_\_\_

Local Tax Rate: % \_\_\_\_\_

Exempt Status:

I claim exemption from local withholding (subject to local qualifications).

## EMPLOYEE AUTHORIZATION

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, the withholding facts and selections declared here are true, correct, and complete. I authorize my employer to withhold state and local taxes from my hourly wages according to the elections made on this form.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EMPLOYER/PAYROLL OFFICE USE ONLY

Date Received: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_

