PAYROLL DEDUCTION AND WITHHOLDING ALLOWANCE TEMPLATE

Employee Authorization Form

1. COMPANY INFORMATION

Company Name

Federal Employer Identification Number (EIN)

2. EMPLOYEE PERSONAL INFORMATION

Full Name

Employee ID / Social Security Number

Address

City

State

ZIP Code

3. TAX WITHHOLDING ALLOWANCES

Complete this section to determine the amount of federal, state, and local income tax to be withheld from your wages.

Marital Status for Withholding

- ☐ Single
- ☐ Married
- ☐ Head of Household

Total Number of Allowances Claimed

Additional Amount, if any, to be Withheld from Each Paycheck (Federal)

Additional Amount, if any, to be Withheld from Each Paycheck (State)

4. VOLUNTARY PAYROLL DEDUCTIONS

Specify any voluntary after-tax or pre-tax deductions to be taken from your regular earnings.

Deduction Description (e.g., Health, Retirement, Union)	Pre-Tax (Y/N)	Amount per Pay Period ($ or %)	Effective Date

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5. AUTHORIZATION & SIGNATURE

I hereby authorize the employer named above to withhold the specified allowances and deduct the voluntary amounts indicated above from my wages. This authorization is to remain in full force and effect until the employer has received written notification from me of its termination or change.

Employee Signature

Date

Employer Representative Signature

Date