

## EMPLOYEE'S CITY OR COUNTY WITHHOLDING CERTIFICATE

*(Employee: File this notice with your employer, or no local tax will be withheld from your wages.)*

Full Name <i>(Type or print)</i>	Social Security No.	Finance No.	Pay Location
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Address <i>(City, State and ZIP+4 Code)</i>	Regular Place of Employment
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<b>Complete Applicable Items Only</b>  <b>Indicate Tax Applicable to This Request</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Local Tax Code</th> <th style="padding: 5px;">Tax Type</th> <th style="padding: 5px;">Name of Taxing Authority</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">City Tax</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Occupational Tax</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">County Tax</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Local Tax Code	Tax Type	Name of Taxing Authority		City Tax			Occupational Tax			County Tax		
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**Out of State Residents.** If you are not a resident of the state in which you are employed, you may either (a) so indicate by entering 000 on line 2 below and city-county taxes will not be withheld or (b) consent to withholding by refraining from entering 000 on line 2 and completing below as applicable.

- (1) If your city-county ordinance provides for dependency exemptions in computing your tax, show total allowable exemptions claimed ..... \_\_\_\_\_
- (2) Based on the city-county ordinance, you may be liable for taxes only on compensation received for service performed within the city or county. Therefore, compensation received for any service outside the city or county, away from your regular place of employment may reduce your actual tax liability. If this applies, enter in whole numbers only, the percent of your compensation that is taxable. *(Note: this does not apply if more than 75% of your services are performed within the city or county.)* Enter 100% if ALL service is performed within the taxing jurisdiction ..... %
- (3) If the tax ordinance provides for a non-resident tax rate for which you qualify under its terms, enter "N" ..... \_\_\_\_\_
- (4) Additional withholding per pay period *(whole dollar amounts only)* ..... \_\_\_\_\_
- (5) Marital Status .....  Single       Married
- (6) Occupation tax paid? *(Complete ONLY if applicable)* .....  Yes       No

<b>I certify under penalty provided by law that the above statements are correct and complete to the best of my knowledge.</b>	Signature	Date
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**Privacy Act:** "The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to withhold local taxes from your wages. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to the OMB for review of private relief legislation, and where pertinent, in a legal proceeding to which the Postal Service is a party.