

STATE TAX WITHHOLDING/WAIVER FORM

Employee name: _____
PLEASE PRINT

It is requested that State Tax be withheld from my salary check as I am a resident of the State of _____.

My home address is: _____.

of Exemptions: _____

Additional Withholding: \$ _____

Please withhold state tax for the State of _____.

EMPLOYEE SIGNATURE

I wish to waive State tax withholding for the State of _____ since I am a resident of the State of _____.

EMPLOYEE SIGNATURE