

STATE TAX WITHHOLDING VERIFICATION AND WAIVER

Section 1: EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	DATE	
ADDRESS	CITY	STATE	ZIP CODE

Section 2: STATE OF RESIDENCE VERIFICATION

I verify that I am a resident of the State of _____ , as my address above indicates.

I request that State taxes be withheld from my pay for the State of _____ .

ADDITIONAL WITHHOLDING

OF EXEMPTIONS

EMPLOYEE SIGNATURE

DATE

Section 3: WAIVER OF STATE TAX WITHHOLDING

I wish to waive State tax withholding for the State of _____ ,

since I am a resident of the State of _____ .

EMPLOYEE SIGNATURE

DATE