NOAA Form 51-3 (1-12) U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

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			
Luich to waive State toy withholding for the State of			
I wish to waive State tax withholding for the State of,			
since I am a resident of the State of			
EMPLOYEE SIGNATURE DATE			