

City & School Tax

Fill in ALL areas and return to the Auditor's Office as soon as possible.

Employee Name _____ Emp. No. _____

Address _____

Social Security # _____

DO YOU LIVE WITHIN A CITY'S BOUNDARIES? (CIRCLE ONE) YES NO

If you live or work in a city that has a city income tax you are required to pay. Please list:

_____, _____, _____

SCHOOL DISTRICT YOU LIVE IN _____

I attest the above information to be true and accurate. I am aware that if any of the above information should change it is my responsibility to notify my employer.

Employee Signature

Date