

RESIDENCE TAX FORM
Address Change Form

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

EFFECTIVE DATE: _____

(Please choose one of the following.)

Yes - withhold city tax if applicable

No - do not withhold city tax

SIGNATURE

DATE

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PAYROLL USE ONLY

DEDUCTION CODE: _____

CITY TAX PERCENTAGE: _____ %