



LOCAL TAX FORM

Employee Name _____ CWID # _____
Department _____

Employee is subject to the following taxes:

Tax	_____	Percentage of Time	_____
Tax	_____	Percentage of Time	_____
Tax	_____	Percentage of Time	_____

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____
HR/Payroll Specialist _____ Date _____