



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 _____