EMPLOYEE EARNED INCOME TAX WITHHOLDING AUTHORIZATION

Employee Name:		SS#:	
Street Address:			
City:	State:		
т		.4 -5 41 5-11	
school district:	am a resider	nt of the following municipality and	
Municipality:	School District:		
I hereby authorize my employer	to withhold my local ea	rned income tax at the applicable	
	vithholding to the York A	dams Tax Bureau, P.O. Box 15627,	
York PA 17405.			
Signature:		Date:	
Employee Name:			
City:	State:	Zip:	
I,school district:	am a resident of the following municipality and		
Municipality:	School	School District:	
I hereby authorize my employer	to withhold my local ea	rned income tax at the applicable	
rate of% and remit the w	rithholding to the York A	dams Tax Bureau, P.O. Box 15627,	
York PA 17405.	vithholding to the York A	idams Tax Bureau, P.O. Box 15627,	