

**EMPLOYEE EARNED INCOME TAX WITHHOLDING AUTHORIZATION**

**Employee Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ am a resident of the following municipality and school district:

Municipality: \_\_\_\_\_ School District: \_\_\_\_\_

**I hereby authorize my employer to withhold my local earned income tax at the applicable rate of \_\_\_\_\_% and remit the withholding to the York Adams Tax Bureau, P.O. Box 15627, York PA 17405.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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