

MEMORANDUM FOR RECORD

SUBJECT: Payroll Deductions – Withholding for State/Local Taxes

PRIVACY ACT STATEMENT

AUTHORITY: 26 USC § 6109; DoD Financial Management Regulation 7000.14-R, Vol. 8, Chapter 4; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(s): Used to ensure the accurate identification and retention of records pertaining to pay transactions.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may make it impossible to uniquely identify you and process your request, potentially resulting in the employee incurring tax indebtedness and penalties.

Employee Name: _____

SSN: _____

1. The following indicates my decision concerning the withholding of state taxes from my pay:

I elect not to have **state tax** withheld from my pay. My home of record does not have a state tax.

I elect not to have **state tax** withheld from my pay. I realize this election may result in a requirement that I pay state tax when I file my income taxes each year.

I elect to have **state tax** withheld from my pay. My home of record is

_____.

(State*)

2. The following indicates my decision concerning the withholding of local taxes from my pay:

I elect not to have **local taxes** withheld from my pay. My home of record does not have a local tax.

I elect not to have **local taxes** withheld from my pay. I realize this election may result in a requirement that I pay local taxes when I file my income taxes each year.

I elect to have **local taxes** withheld from my pay. My home of record is

_____ located in _____ county.

(City and State*)

Employee Signature

Date of Election

* Your CPAC Personnelist will provide you with the appropriate form for your state.