EMPLOYEE'S AUTHORIZATION CITY INCOME TAX

Name		Social Security Number	r
I reside at			
which is located (circle one)	inside outside	the city limits of	
		•	(Name of City)
I moved on (date)	to		
which is located (circle one)	inside outside	the city limits of	
			(Name of City)
Address of City Buildi		ture	
THIS S	<u>ECTION TO BE CO</u>	MPLETED BY EMPOY	<u>YER</u>
City tax is is no long	er being wi	ithheld effective (date)	
Cc: City Income Tax Bureau _		By	
	(Employer's Na		