

**EMPLOYEE'S WITHHOLDING CERTIFICATE FOR LOCAL TAXES
CITY OR COUNTY:**

1. PRINT FULL NAME	2. SOCIAL SECURITY NO.	3. AGENCY USE
4. HOME ADDRESS (Street, Number, City, County, State and ZIP Code)		
5. DEPARTMENT - AGENCY - OFFICE	6. PLACE OF EMPLOYMENT (City, County, & State)	7. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M
SEE INSTRUCTIONS ON REVERSE		
8. (Check proper box) CITY OR COUNTY WHERE EMPLOYED <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT If you are not subject to the local tax -- CHECK HERE <input type="checkbox"/> and explain on reverse.	9. (Check proper box) If your residence is not in the same State as your regular place of employment -- DO YOU CONSENT TO WITHHOLDING <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. I ESTIMATE THAT _____ % OF MY ANNUAL COMPENSATION IS FOR SERVICES PERFORMED OUTSIDE THE CITY OR COUNTY.		
11. TOTAL NUMBER OF EXEMPTIONS CLAIMED (If applicable)	12. OTHER ALLOWANCES (If applicable) \$ _____	
13. I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.		
SIGNATURE _____		DATE _____
REVIEWED BY _____		DATE _____

FMS FORM 1-89 7311 FORMERLY TFS FORM 7311
 (7-79) WHICH IS OBSOLETE
 I TFM3-8000

**DEPARTMENT OF THE TREASURY
 FINANCIAL MANAGEMENT SERVICE**