

Authorization for Voluntary Additional Utah Income Tax Withholding

Name:		Employee #:	
Select Desired Option:	□ New □	Change 🗆 Cancel	
-	_ per pay period. I uno	heck for UTAH INCOME TAX the derstand this amount is in add	
This agreement shall contin	ue until terminated by	y either the City or the employe	ee.

Employee Signature:		Date:
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