

**AUTHORIZATION FOR WITHHOLDING OF MUNICIPALITY AND/OR
SCHOOL DISTRICT INCOME TAX
LAKOTA LOCAL SCHOOLS**

Employee Name: _____

Address: _____

City: _____ Zip: _____

Phone: () - _____ Social Security Number: _____ - - _____

MUNICIPALITY INCOME TAX

Check one of the following:

Please _____ withhold _____ tax from my wages.
(Name of city / village)

_____ Resident Of _____ Employed In

_____ % Tax Rate (if known)

_____ DO NOT withhold city / village tax from my wages.

SCHOOL DISTRICT INCOME TAX

Name of School District of which I am a resident: _____

Signature: _____ Date: _____