

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

1. PRINT FULL NAME	2. SOCIAL SECURITY NUMBER	3. AGENCY USE
4. HOME ADDRESS (Street Number, City, County, State and ZIP Code)		
5. DEPARTMENT-AGENCY-OFFICE	6. PLACE OF EMPLOYMENT (City, County, and State)	7. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married
SEE INSTRUCTIONS BELOW		
8. CHECK PROPER BOX CITY OR COUNTY WHERE EMPLOYED <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT <i>If you are not subject to the local tax CHECK HERE <input type="checkbox"/> and explain below</i>		9. CHECK PROPER BOX <i>If your residence is not in the same state as your regular place of employment</i> 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>I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.</i> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____</div><div>DATE _____</div></div> <div style="display: flex; justify-content: space-between;"><div>REVIEWED BY _____</div><div>DATE _____</div></div>		

FMS FORM 1-89 **7311** FORMERLY TFS FORM 7311
(7-79) WHICH IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

The social security number is required under the authority of Executive Order 9397 to provide taxpayer identification. The other information is required under the provisions of 5 U.S.C., 5520, Executive Order 11997, dated June 22, 1977, and 31 CFR 215 for the purpose of implementing a Federal agreement with the city or country concerned relating to withholding of local income or employment taxes pursuant to a city or county ordinance. The information provided will be disclosed to local officials to assure the taxpayer's account has been properly credited for the amounts withheld. Failure to provide the information requested may affect determination of the proper amount to be withheld.

INSTRUCTIONS

This certificate is to be filed with your employer to be used as the basis to (1) either withhold or not withhold local taxes and (2) determine the proper amount to be withheld. A new certificate should be filed whenever your tax status changes. Failure to submit this form will result in the maximum withholding if you are employed in or reside in the city or county.

EXPLANATION OF CERTAIN ITEMS

Item 8. - If the local ordinance contains a provision which exempts you from the local tax, you should complete this item by placing a check in the box to indicate that you are not subject to the tax, and explain below.

I am not subject to the local tax withholding because:

Item 9. - Out of State employees. Local taxes will not be withheld from your compensation if you are not a resident of or are not employed in the State in which the city or county is located unless you consent to the withholding. If you are subject to the local tax, you must indicate either that you do, or do not, consent to withholding by checking the proper box.

Item 10. - Based on the local ordinance you may be liable for taxes only on compensation paid for services performed within the city or county. If so, and if you perform some part of your services outside the city or county, away from your regular place of employment, the amount to be withheld from your compensation may be reduced to approximate your actual tax liability by completing this item with an estimate of the percentage of your total compensation paid which is for services performed outside the city or county. Your withholding will be adjusted only where a substantial amount is involved, i.e., where 25% or more of your services are performed outside the city or county.