

Employees Withholding Certificate for Additional Kansas State Income Tax

Please Print

1. First Name	M.I.	Last Name	[REDACTED]	4. Soc. Sec. Number
2. Street Address				
3. City	State	Zip Code		

5. Additional amount you want deducted from each paycheck ...

\$

Employee Signature: _____ Date: _____

Employer: Unified School District #500 / Kansas City, Kansas Public Schools
2010 N. 59th Street ♦ Kansas City ♦ 66104