



**Please Use Black Ink**

## Authorization for Voluntary Additional Utah Income Tax Withholding

**Check one:**      **New**            **Change**            **Cancel**

I,  
    Print or Type your name as it appears on the payroll warrant

Social Security Number

agree that the State of Utah, Division of Finance be authorized to withhold from my salary for STATE INCOME TAX the sum of \$                      PER PAY PERIOD. This is in addition to any other taxes required by law or regulations. This Agreement shall continue until terminated by either the employee or employer.

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Signature

Date

Return completed form to:

Division of Finance  
Payroll Section  
2110 State Office Building  
Salt Lake City, UT 84114

**Private Data**