

HARFORD COUNTY PUBLIC SCHOOLS TAX WITHHOLDING CARD

Name _____ ID# (SS# for New Hires) _____

Street _____ School (Office) _____

City _____

State _____ Zip _____

Phone _____

Withhold at Rate: Married Single

Tax Exempt from: Federal State

| | <u>Federal</u> | <u>State</u> |
|-----------------------|----------------|--------------|
| Total Allowances | _____ | _____ |
| Additional \$, if any | \$ _____ | \$ _____ |
| Additional %, if any | _____ % | _____ % |

_____ Date _____ Employee Signature

I certify I am entitled to the withholding allowances claimed above or that I am Tax Exempt.

Form 1704000