REQUEST FOR ADDITIONAL PENNSYLVANIA INCOME TAX WITHHOLDING

TO: **OHR - RECORDS MANAGEMENT** (Fax number 240-777-5130)

FROM: **Employee Name** _____

Social Security Number _____

Daytime Phone Number _____

I request to have an additional amount of taxes withheld each payroll period for Pennsylvania income tax purposes until further notice.

Additional amount of Pennsylvania income tax to be withheld on each payroll check =

$ _____

Signed: _____

Date: _____

Worksheet for Employee Use

1. Bi-weekly retirement plan contributions _____
2. Bi-weekly deferred compensation plan contributions (if applicable) _____
3. Bi-weekly contributions to dependent care spending account (if applicable) _____
4. Total Pre-tax Contributions for Federal Income Tax Purposes (Line 1 + 2 + 3) _____

Times: 2004 Pennsylvania Income Tax Rate **x 3.07%**

Additional Bi-Weekly Pennsylvania Income Tax (Multiply Line 4 x 3.07%) _____