

# Tax Adjustment Form For Temporary Added Salary

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Name: \_\_\_\_\_

School: \_\_\_\_\_

I hereby request that no additional federal and state taxes be withheld from my paycheck that will be released on \_\_\_\_\_.

(Date)

I understand that this will affect my total federal and state withholdings and could result in the payment of additional taxes when filing my annual tax return.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)