

**CITY OF KANSAS CITY, MISSOURI EARNING TAX**

**WITHHOLDING FORM**

**I, \_\_\_\_\_, hereby authorize my employer, Johnson County Community College, to withhold from my earnings City of Kansas City, Missouri earnings tax at the rate specified by the Commissioner of Revenue of the City of Kansas City Missouri. Such tax will be remitted to the City of Kansas City, Missouri and appropriately reported on my behalf.**

**I understand it is my responsibility to notify the Payroll department of Johnson County Community College in writing should I wish to stop this withholding for any reason.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**JCCC ID Number**

\_\_\_\_\_  
**Date**