

FIXED ADDITIONAL KANSAS INCOME TAX WITHHOLDING  
AUTHORIZATION CERTIFICATE

**NAME**(please print)\_\_\_\_\_

**SOCIAL SECURITY NUMBER**\_\_\_\_\_

**EMPLOYEE NUMBER**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**CITY**\_\_\_\_\_ **STATE**\_\_\_\_\_ **ZIP**\_\_\_\_\_

This certificate is to authorize my employer, Johnson County, Kansas, to withhold from my wages each pay period the following fixed additional income tax withholding for the State of Kansas

**ENTER EVEN DOLLAR AMOUNT** \_\_\_\_\_

I understand this amount will supercede any existing authorization and the amount will continue to be withheld until this authorization is changed or rescinded by me in writing.

**Authorized this** \_\_\_\_\_ **day of** \_\_\_\_\_

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