



**AUTHORIZATION FOR KANSAS CITY, MISSOURI EARNINGS TAX**  
**WITHHOLDING**

TO: OFM- Payroll

I hereby authorize Johnson County, Kansas Government to withhold the 1% Kansas City, Missouri earnings tax from my paycheck. I understand that this withholding is on a voluntary basis and can be canceled by me in writing at any time.

- I elect to have Kansas City, Missouri earnings tax withheld.
- I do not elect to have Kansas City, Missouri earnings tax withheld.

_____ Name (please print)	_____ Department
_____ Signature	_____ Date
_____ Social Security Number	_____ Effective Date ***

\*\*\*Effective Date will be the first day of the pay period which contains this date.