



ADDITIONAL STATE TAX WITHHOLDING

Name (Last, First, MI)		Social Security # or Empl ID
Daytime Phone #	Department Name	Email Address
Effective Date	Additional Amount per Paycheck	Office Use Only
<i>This request replaces and cancels all previous requests on file.</i>		
Employee Signature		Date

Please send original to:

**MSU Payroll Office
500 University Ave West
Minot, ND 58701**