



# ADDITIONAL STATE TAX WITHHOLDING

|   |                                |                   |
|---|--------------------------------|-------------------|
| Name(Last, First, MI)   |                                | Social Security # |
| Daytime Phone #   | Department and Box No.         | E-mail 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:*

**UND Payroll Office  
Box 7127  
Grand Forks, ND 58202**