(See Privacy Act information below)

EMPLOYEE'S WITHHOLDING CERTIFICATE FOR LOCAL TAXES (Read instructions on reverse)					
. , , , , , , , , , , , , , , , , , , ,	SOCIAL SECURITY 3. NUMBER	. REG/AGENCY	4. PAYROLL BLO	OCK NO. 5. TAXING LO	
6a. MAILING ADDRESS (Street, city, State and ZIP code, and		6b. CITY, STATE AND COUNTY OF RESIDENCE (If different from 6a)			
7a. REGULAR PLACE OF EMPLOYMENT (City, State, and county) 7b. OFFICIAL DUTY		TION (If different froi	m 7a)	8. MARITAL S	
9. LOCALITY SHOWN IN BLOCK 5 (Check proper box)		10. IF YOUR RESIDENCE IS NOT IN THE SAME STATE AS YOUR			
RESIDENT If you are not subject to the local tax - NON-RESIDENT Check here , and explain on the reverse.		REGULAR PLACE OF FEDERAL EMPLOYMENT, DO YOU CONSENT TO WITHHOLDING? YES NO			
11. ESTIMATED PERCENTAGE OF MY ANNUAL COMPENSATION FOR SERVICES PERFORMED WITHIN		2. TOTAL NO. OF EXEMPTIONS CLAIMED (If applicable)		13. OTHER ALLOWANCES (If applicable)	
THE LOCALITY IS)			\$	
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.					
16. SIGNATURE	17. DATE	18. REVIEWED BY ((Signature)		17. DATE
PRIVACY ACT OF 1974 COMPLIANCE INFORMATION					

The social security number is required under the authority of Executive Order 9397 to provide taxpayer identification. The other information is required under the provisions of 5 U.S.C. 5520 as amended by Public Law 95-365, Executive Order No. 11997 dated June 22, 1977, and 31 CFR 215 for the purpose of implementing a Federal agreement with the local taxing authority concerned relating to withholding of local income or employment taxes pursuant to a municipal ordinance. The information provided will be disclosed to local taxing officials to assure the taxpayer's account has been properly credited for the amounts withheld. Failure to provide the information requested may affect determination of the proper amount to be withheld.

GENERAL SERVICES ADMINISTRATION

GSA FORM **2908** (REV. 11-78)

INSTRUCTIONS

This certificate is to be filed with your payroll office to be used as the basis to (1) either withhold or not withhold local tax and (2) determine the proper amount to be withheld. A new certificate should be filed whenever your tax status changes. Failure to submit this form will result in the maximum withholding if you are employed in or if you reside in a locality which has signed a withholding agreement with Treasury.

EXPLANATION OF CERTAIN ITEMS

- Item 5. Indicate the locality of your regular place of Federal employment if the locality has a tax withholding agreement with the Secretary of the Treasury. Otherwise, indicate the locality of your residence if the locality has a tax withholding agreement and if it taxes residents regardless of place of employment.
- Item 9. If the local ordinance contains a provision which exempts you from the local tax, you should complete this item by placing a checkmark in the box to indicate that you are not subject to the tax, and explain below.

I am not subject to the local tax and tax withholding because	

- Item 10. Local tax for the locality indicated in Block 5 will not be withheld from your compensation if you do not reside in the same State in which you work, unless you consent to the withholding.
- Item 11. Based on the local ordinance, you may be liable for taxes only on compensation paid for services performed within the locality. If so, and if you perform some part of your services outside the locality, away from your regular place of employment, the amount to be withheld form your compensation may be reduced to approximate your actual tax liability by completing this item with an estimate of the percentage of your total compensation paid which is for services performed within the locality. Your withholding will be adjusted only where a substantial amount is involved, i.e., where 75% or less of your services are performed within the locality.

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