



LOCAL INCOME TAX FORM

HOST AGENCY NAME:	
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SITE ADDRESS:	
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CITY, STATE, ZIP:	
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Please provide the local income tax district for ***EACH*** of your Agency Assignment-***SITE*** location(s). ***Complete one of these forms for each training site location*** for your Host Agency. This information ensures that the proper taxes are taken out of the Trainee's pay.

<i>Name [and # if you know it] of your Local Income Tax District</i>	
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Please write the Name [and # if you know it] of your Local Income Tax District (or write *Non-taxable Area, if applicable*) in the above box.

NOTE: ***IF YOU ARE A NEW HOST AGENCY OR YOUR LOCAL INCOME TAX DISTRICT HAS CHANGED SINCE LAST AGREEMENT YEAR, PLEASE COMPLETE THIS FORM;***

OTHERWISE, DO NOT SUBMIT THIS FORM.