



KCTCS LOCAL/CITY TAX FORM

Employee Name _____ Empl ID# _____

Department _____

Employee is subject to the following taxes:

Tax Code _____ Percent of Time _____

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Employee is exempt from the local tax for the following reason:

My work station is not in the local tax district _____ Where is employee work station? _____

Do not live in local school board district (applicable only for school tax assessment)

I am partially exempt from the local tax. My job requires that I spend _____% of my time outside the local tax district _____ (enter tax code).

I am exempt for other reasons. Enter reason below.

Employee Signature _____ Date _____

Supervisor Signature (required) _____ Date _____

HR/Payroll Specialist _____ Date _____

President/Vice President/Chancellor _____ Date _____
(Approval Required - System Office Employees Only)

These forms are to be kept on file by each college. Forms should be updated when employee changes residences, or when job location changes.