



## LOCAL INCOME TAX FORM

<b>HOST AGENCY NAME:</b>	
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<b>SITE ADDRESS:</b>	
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<b>CITY, STATE, ZIP:</b>	
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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.***