

VOLUNTARY WITHHOLDING AGREEMENT

EMPLOYEE

Name: _____

Address: _____

Social Security Number _____

EMPLOYER

Name: _____

Address: _____

I, _____, hereby request that _____
(Employee Name) (Employer)

_____ withhold \$ _____ Federal and/or
Name)

\$ _____ Wisconsin for income tax purposes each payroll period.

This agreement shall terminate as of _____ (leave blank if no termination
date desired).

(Employee Signature) (Date)

EMPLOYER:

This agreement must be attached to the employee's Form W-4 and constitutes a part of that Form W-4 per IRS Reg. — § 31.3402(p)-1(b)(1)(ii). A separate Wisconsin Form W4-T should be prepared for Wisconsin purposes.