

University of Kansas Medical Center
Department of Payroll Accounting
120-R Support Services
2100 W. 36th Street
Mail Stop: 2010

**PAYROLL AUTHORIZATION
FOR
KANSAS CITY MISSOURI EARNING TAX**

(Last Name) (First Name) (MI)

(Social Security Number) (Employee ID #)

(Effective Date)

I hereby authorize the Department of Payroll Accounting to make regular payroll deductions from my earnings for the Kansas City Missouri 1% Earning Tax. This authorization is to remain in effect until cancelled by me in writing (Below) or termination of my employment with the Medical Center.

(Employee Signature) (Date)

(Dept Representative Signature) (Date)

CANCELLATION:

I hereby cancel the authorization for the State of Kansas to deduct 1% Earnings Tax from my Paycheck.

(Employee Signature) (Date)