Clear Form

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS

Employee's Additional Withholding of Income Tax Agreement

INSTRUCTIONS:

1. Employee should already be claiming zero (0) exemptions.
2. Changes to this agreement – either decreasing or increasing, *must be submitted on this form.*
3. This agreement will become effective on the first full pay period after receipt of the form in the Employee and Retiree Service Center (ERSC).

This amount is displayed separately on your check stub and is included in your calendar year-to-date accumulations.

Employee _____ ID # 0 0 0 0 _ _ _ _ _

Home Address _____ _____ _____ _____
Street *City* *State* *Zip*

School/Location: Name _____ Location Number _ _ _ _ _

I authorize my employer to:

BEGIN withholding ADDITIONAL Income Tax each pay period (whole dollars only).

FEDERAL $_____ **STATE** $_____

CHANGE the amount of ADDITIONAL Income Tax withheld each pay period (whole dollars only).

☐ **FEDERAL:** *From* $_____ *To* $_____ ☐ **STATE:** *From* $_____ *To* $_____

STOP withholding ADDITIONAL Income Tax each pay period.

☐ **FEDERAL** ☐ **MARYLAND STATE**

This supersedes all previous cards.
This agreement will become effective on the first full pay period after receipt of the form in the ERSC.

_____ ____/____/____
Signature, Employee *Date*

MCPS Form 280-3, Rev. 11/11

DISTRIBUTION: The completed MCPS Form 280-3 should be sent by Pony or U.S. mail to: **ERSC**