

Employee's Withholding Exemption Certificate

(For City of Auburn Occupation License Fee)

Full Name _____ Social Security Number _____
(last) (first) (mi)

Home Address _____
(number and street) (city) (state) (zip code)

As an employee of Auburn University, my total compensation is earned as a result of services performed both within and without the City of Auburn. I estimate that on AN ANNUAL AVERAGE the percentage of the compensation earned from the proportion of the work performed within the City is _____%.

I certify that to the best of my knowledge and belief, the percentage claimed on this certificate is a valid estimate. I understand that if a change in circumstances should warrant a change in percentage, it will be my obligation to file a revised certificate.

Signature _____ Date _____ 20____
