



U.S. Department of Justice

Antitrust Division

DATE:

ORGANIZATION CODE: 1142043060

SOCIAL SECURITY NUMBER: _____

TO: Justice Payroll Services Center

FROM: Antitrust Division

SUBJECT: WITHHOLDING OF CITY EMPLOYMENT TAX ON NONRESIDENTS

☐

I hereby certify that I am a nonresident of the City of Philadelphia and a Nonresident of the State of Pennsylvania.

☐

I do consent to withholding.

Amount Allocated.....\$ _____.

☐

I do not consent to withholding.

(Signature)

RESIDENCE ADDRESS: _____

_____ ZIP CODE: _____