

Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI 41
04/2021
Division of Finance



Name
Employee Number
Dept. Name
Office Phone

AUTHORIZATION FOR VOLUNTARY ADDITIONAL UTAH INCOME TAX WITHHOLDING

Questions concerning Additional Utah Income Tax Withholding should be directed to the DOF/Payroll Section at (801) 957-7770

Select Desired Option: **New** **Change** **Cancel**

I authorize the State of Utah, Division of Finance to withhold from my salary for STATE INCOME TAX the sum of \$ _____ PER PAY PERIOD. I understand this amount is **in addition to** any other taxes required by law or regulations. This agreement shall continue until terminated by either the employee or employer.

Employee Signature _____

Date _____

(This form is not valid unless you sign it.)

Send completed form to:

DAS/Finance - Attention: Payroll
P.O. Box 141031
Salt Lake City, Utah 84114-1031
FAX: (385) 465-6012
Email: payroll@utah.gov

For questions, please call (801) 957-7770