Murray State University Local Occupational Tax Form

The completion of this form is necessary to ensure that local occupational taxes are correctly withheld from your paycheck. It is the employee's responsibility to complete this form when their work location changes. This form is effective until modified by the employee. Local taxes are based on your work location not where you live.

Employee Name:_							
MSU ID: M		Position: Effective Date:					
Department:							
Employee primary	y physical work stat	ion is located	at: (P.O. Boxes	are not ac	cceptabl	e)	
Street:					-		
City:	County:		State:		Zip Code:		
Based on the city a	above, is the work lo	ocation within	city limits?	Yes	or	No	(please check one)
	time work is done fun 100% complete section		location:				
Location:	City			_ Pe	ercent:_		
			State				
Location:	City	County	State	_ P6	ercent:_		
Location:			_	Pe	ercent:_		
	City	County	State				
Location:	City	County	State	_ Pe	ercent:_		
acknowledge it is compliant with K	I acknowledge that my responsibility to Y law regarding occ	update my wo upational taxe	ork location(s es.) as ofte	en as i	needed	l to remain
	1	Route complet	ed form to:				

Mail: Payroll Office, 200 Sparks Hall, Murray, KY 42071 or

Email: mclark40@murraystate.edu or Fax: (270) 809 - 3014