## CITY OF HUDSON INCOME TAX EMPLOYEE'S WITHHOLDING CERTIFICATE



1. PRINT FULL NAME	2. SOCIAL SECURITY NUMBER	3. ADDRESS	
4. PREDOMINANT PLACE OF EMPLOYMENT **	CITY UNDER 25%	% 40% 60%	_ 80% 100%
** LINE 4 INSTRUCTIONS NON RESIDENTS ONLY If you work for an Employer in the City of Hudson but do not live in the City of Hudson please check the percentage of your total earnings for work done or services rendered in the City of Hudson.			
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct and complete. (This form is not valid unless you sign it.)			
DATE SIGN	IATURE		
Resident *City Of Hudson Residents 1% of all   Non-Resident *Non-Resident .5% of all wages earned in Hudson			
<b>EMPLOYEES:</b> File this form with you employer so they may withhold from you payroll. If your employer chooses not	lf you believe th	eep this certificate with yo is information is untrue, i ne Income Tax Administra	incomplete or incorrect,

**CHANGES IN EMPLOYMENT:** You must file a new certificate by December 1st of each year if your Line 4 estimate of the percent of work done or services rendered in the cities that levy an income tax on your behalf will change for the ensuing year.

withhold (non-Hudson Employers) it is still

your responsibility file your City of Hudson

Income Tax

YOUR EXEMPTIONS ARE CREDITED WHEN YOU FILE YOUR HUDSON TAX RETURN WHICH IS DUE MAY 1ST OF EACH YEAR.

be submitted Monthly or Quarterly. Please call the Income Tax

Administrator for further instructions or questions