

Effective next payroll processing, we may start your tax withholding as per allocation indicated in this form.

Please enter your work locations, LCA locations and hours below (use additional pages if needed). We will use this information to allocate your payroll between jurisdictions. **If your hours can be allocated using a formula (i.e. 16 hours per week at location 1 - rest at location 2) please describe the formula in the box below so that we will not need weekly forms from you.**

| Work Location 1 | |
|------------------|-------|
| Street Address | _____ |
| City, State, Zip | _____ |
| Hours | _____ |

| Work Location 2 | |
|------------------|-------|
| Street Address | _____ |
| City, State, Zip | _____ |
| Hours | _____ |

| LCA Location 1 (if any, H1B visa employees) | |
|---|-------|
| Address | _____ |
| City, State, Zip | _____ |
| Hours | _____ |

| LCA Location 2 (if any, H1B visa employees) | |
|---|-------|
| Address | _____ |
| City, State, Zip | _____ |
| Hours | _____ |

Hours Allocation Formula - If there is a formula that we can use to allocate your hours between locations so that we will not need a weekly form, please describe it below. We will use this formula going forward until we receive another form from you.

Comment :-

| |
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| |
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| |
|--------------------|
| Employee Name |
| Employee Signature |
| Date |

| |
|------------------|
| Home Address |
| City, State, Zip |
| Phone |
| Email |