

NORTH DAKOTA WITHHOLDING REQUEST FORM

This form is to be used by payroll to request North Dakota withholding setup. This form must be submitted each time federal withholding is updated while North Dakota withholding is active.

EMPLOYEE INFORMATION													
NAME (Last Name, First Name, Middle Initial)		BANNER ID/CWID											
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STREET ADDRESS													
ADDRESS LINE 2													
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER										

FEDERAL WITHHOLDING
North Dakota relies on the federal withholding to calculate the amount to withhold. Paste a screen print of your Banner Self Service federal withholding page below.
<div></div>

SIGNATURE	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS