EMERGENCY AND MUNICIPAL SERVICE TAX

1. **The Secretary of the Treasury has entered into an agreement for the withholding of taxes from the compensation of Federal employees whose regular place of employment is within Caln Township, PA. This agreement is in accordance with 31 CFR Part 215.**

2. **Under the agreement this federal agency MUST withhold the amount of ___$52.00___ annual EMS Tax from your salary.**

3. **In order to avoid duplication of payment of this tax this year please check one of the options below:**

4. **____ I have not paid an EMS Tax to Caln Township for this year.**

   ____ I have paid an EMS Tax in Caln Twp this year.

   ____ I have paid an EMS Tax this year to another township in the amount of $_____. (If this option is checked you may require a refund).

5. **Please sign your name and print your social security number under your name.**

_____

EMPLOYEE – *PRINT YOUR NAME*

_____

EMPLOYEE - *SIGNATURE*

_____

SOCIAL SECURITY NUMBER

If you have any questions pertaining to the above please contact Payroll in Bldg. 16, Third Floor, and room 304, 309 or 310.

Original: 04