



**945-TAX WITHHOLDING
AUTHORIZATION**

Office Use Only
Entered:

Completion Instructions:

· Fax the completed and signed form to fax (713) 583-3343.

EMPLOYEE/CONTRACTOR INFORMATION-Complete all fields

Employee Name	Social Security Number
Email Address	Cell Phone

TAX WITHHOLDING ' Please mark a check on the box that applies

<input type="checkbox"/> 15%	<input type="checkbox"/> 20%	<input type="checkbox"/> 25%	<input type="checkbox"/> 30%	<input type="checkbox"/> Other
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I hereby authorize Mint Medical Staffing to withhold taxes from my paycheck in the percentage indicated above.

SIGN AND DATE	Employee/ Contractor Signature	Date
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